



**PARENT / COORDINATORS CONSENT APPLICATION - MINOR TEAMS PLAYING AGAINST SENIORS**

I, THE UNDERSIGNED PARENT (S) OR GUARDIAN (S) of:

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First Name	Middle Name	Last Name	Birthdate (DD/MMM/YYYY)
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Residence Address	Postal Code
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Mailing Address if Different than Above

***HEREBY GIVE MY CONSENT FOR MY MINOR AGED CHILD TO PLAY WITH HER MINOR ROSTERED TEAM AGAINST SENIOR REGISTERED TEAMS / LEAGUES***

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Parents Name	Email	Telephone
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Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

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Parent of Guardians Signature