

## 2024 Softball PEI Affiliated Player Consent Form

This is to certify that \_\_\_\_\_, born \_\_\_\_\_

*Player's Name*

*DD-MM-YY*

will be participating with \_\_\_\_\_

*Affiliated Team Name*

operating in the \_\_\_\_\_.

*Division/Category*

### GENERAL MANAGER/COACH CURRENT TEAM CONSENT

I, \_\_\_\_\_ of the \_\_\_\_\_

*General Manager/Coach*

*Current Team*

hereby give consent for the above-named player to participate as an Affiliated Player on the above-named team during the following period 2024 season.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*General Manager/Coach*

*DD-MM-YY*

### PARENT/ GUARDIAN CONSENT

I, \_\_\_\_\_ of the above-named player hereby give consent for this

*Parent/Guardian*

player to participate as an Affiliated Player on the above-named team.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Parent/Guardian*

*DD-MM-YY*

### SOFTBALL PEI

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Once form is complete, scan and email to LEAGUE COORDINATOR.