

## PARENTS CONSENT BETH - WOOD "B" TOURNAMENT TEAM ALL STARS

I / we would like our son / daughter to participate in the  ${\it Beth\,-\,Wood}\,$  "B" Team All Stars (10U's or 12U's) for the 2018 Season :

Player's Name :	DOB:(*Age:) * As of April 30, 2018	
Address:	2018 B - W Team Name :	
Telephone Number:	2018 B - W League Division :	
As Parent(s) of	t our son / daughter will not miss <b>more tha</b> ation or otherwise as noted in said Policies. of \$ 225. for costs incurred for the All St tlined in the Policies; we also agree to pay of Failure to strictly abide by these Policies we this Team, if selected, and may result in h	vith an a I tar any vill
Signed:	Date :/20	<u>18</u>
Parent's Name :  {Please Print}		