



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

I / we would like our son / daughter to participate in the *Beth - Wood* "B" Team All Stars (10U's or 12U's) for the 2019 Season :

Player's Name : _____

DOB : _____ (*Age : ____)
* As of April 30, 2019

Address : _____

2019 *B - W*
Team Name : _____

Telephone Number : _____

2018 *B - W*
League Division : _____

As Parent(s) of _____, I / we have read the *Beth - Wood* 2019 All Star Policies and will fully comply with criteria / rules contained in same with no exceptions. I / we also hereby confirm that our son / daughter will not miss **more than a total of (14) days** of All Star play due to vacation or otherwise as noted in said Policies. I / we agree to pay *Beth - Wood* an initial cost of \$ 225. for costs incurred for the All Star Team our son / daughter is selected for, as outlined in the Policies; we also agree to pay any balance if said costs exceed \$ 225. / Player. Failure to strictly abide by these Policies will cause our son / daughter to be terminated off this Team, if selected, and may result in his / her **not** being able to participate in the 2020 *Beth - Wood* All Star Season as well.

Signed : _____

Date : _____ /2019

Parent's Name : _____

{Please Print}