CGBL Participation Permission Slip Form

Child's Name:	
Date of Birth:	
Age as of September 30th:	<u> </u>
Address:	
City:	
Telephone Number:	<u> </u>
Elementary School District:	
Circle one if applicable: I currently play (Middle	School / High School / AAU) Basketball
to such participation, including transportation to release, absolve, indemnity, and agree to hold League, Inc., organizers, sponsors, supervisors daughter(s) to and from activities for any claim whether the result of negligence or any other care.	ies. I/We assume all risks and hazards incidental and from activities; I/We do hereby waive, harmless the Chesterfield Girls Basketball s, participants and persons transporting my/our arising out of any injury to my/our daughter(s), ause, except to the extent and in the amount will also furnish a copy of the birth Certificate for
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Parent/Guardian printed name:	
Parent/Guardian signature:	
Player Release Form	
	Athletic Association to play as a ssociation in the Instructional / Minor / ne current year.
NOTE: Middle School/High School/AAU/Travel Association does not field a team in that respec	•
Released By (Voting Rep/Assoc. President):	Date:
League Use Only	
Approved By (Div, Comm.):	Date: