



# Blue Lake Soccer Club 2019

## Parental Permission to Play in Grade Above Age Group 2019

**Players Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Age:** \_\_\_\_\_

I, \_\_\_\_\_ give my permission for  
(Parent giving permission – please print)

\_\_\_\_\_ to play in the  
(Registered player)

\_\_\_\_\_ age group for season 2019.

**Signed by Club Official:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Club Official Name & Position:** \_\_\_\_\_

**Signed by Parent :** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_