

SCHEDULE Y

YARRA JUNIOR FOOTBALL LEAGUE INCORPORATED

PARENT/GUARDIAN CONSENT FORM
FOR PLAYER PLAYING WITH AND AGAINST GIRLS MORE THAN 2 YEARS OLDER

(BY-LAW 6.1.5)

I, (PRINT FULL NAME),
of (PRINT ADDRESS)
am the parent/guardian/caregiver* of

..... (PRINT PLAYER'S FULL NAME)

and CONFIRM that I have been informed of the advantages to her of playing in the below mentioned team which will involve playing with and against girls who could be more than 2 years older than her.

and **HEREBY CONSENT** to her playing for the Under (SPECIFY AGE GROUP) team.

of (PRINT CLUB'S NAME)

on .../.../..... (SPECIFY DATE OF GAME)/for the 20.... (SPECIFY YEAR) * season.

Signed:

Parent/guardian/caregiver*

Dated:

Checked: (TEAM MANAGER/COACH*)

(* Strike out whichever is not applicable)