

G.K.M.S.A. Parental Consent Form

PARENT/GUARDIAN AFFIDAVIT

IF A MINOR WISHES TO PLAY IN GKMSA, THEIR PARENT OR LEGAL GUARDIAN MUST SIGN THE ROSTER ON INVERSE PAGE AND INCLUDE A LETTER OF APPROVAL GRANTING PERMISSION FOR SAID MINOR TO PLAY SOFTBALL IN GKMSA . I HEREBY GIVE PERMISSION TO THE TEAM MANAGER INDICATED BELOW, TO OBTAIN MEDICAL TREATMENT FOR THE MINOR WHICH I AM EITHER PARENT OR LEGAL GUARDIAN, IN THE EVENT THAT I AM NOT AVAILABLE AND MEDICAL TREATMENT IS REQUIRED.

I also hereby give permission to the GKMSA to use in any and all publications that they may desire, all pictures taken of the minor in their publicizing the game of softball. I hereby subscribe my name in the column for signatures (on inverse page) and by doing so certify that I have read this statement and that information supplied on this roster is correct to the best of my knowledge.

****NO PERSON UNDER THE AGE OF 14 YEARS OLD SHALL BE PERMITTED TO BE PLAY IN THE GKMSA****

I _____, give _____ permission to play softball in the
GKMSA.

I acknowledge that I have read and understand the Parent/Guardian Affidavit shown above.

Player's Address: _____ Date of Birth: _____

Parent/Guardian's Signature _____ Date: _____

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