

U14 PLAYER PERMISSION FORM

Participant Info

Name: _____

D.O.B.: _____

As parent / guardian of the participant name on this form, I hereby give permission for the named participant to play FIDA football.

I acknowledge the registration has been processed the required medical form is completed and we have discussed the Player Participation Disclaimer.

Name: _____

Relationship to Player: _____

Signature: _____

Address: _____

Date: _____