

FBAO JUNIOR CATEGORY WAIVER FORM

I, _____
Name of Parent or Guardian

Give consent to allow _____
Participant's Name Birthdate

To play on _____
Team's Name

The above referenced individual will be participating with the afore mentioned team in:
(Please check the Region, Category and Sex of the team)

REGION	CATEGORY	SEX
Central West _____	Elite _____	Male _____
Central East _____	Intermediate _____	Female _____
South West _____	Coed _____	
Eastern _____	Juvenile _____	
	Midget _____	
	Bantam _____	

At the following competition (s) (please check all that apply)

Junior Provincial Broomball Championships _____
Elite and Intermediate Provincial Broomball Championships _____
Elite and Intermediate Regional Broomball Championships _____
Elite National Championships _____
Juvenile National Championships _____
Juvenile National Qualifier _____
Other _____

Name of Parent or Guardian
(please print)

Signature of Parent or Guardian

Name of Team Official (afore mentioned team)
(please print)

Signature of Team Official

Name of Team Official (Preferred Team if applicable)
(please print)

Signature of Team Official

Please submit form with player's registration or/and team's entry roster or/and at event registration or/and where and when applicable. This form is to be used where and when an individual is not playing in/on his/her applicable C.B.F. player category.