

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

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 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.