Laura Page

From: Saved by Windows Internet Explorer 7
Sent: Monday, July 06, 2009 11:23 PM
Subject: Parent's Signature Form
Attachments: ATT00142.dat; ATT00145.dat

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Parent's Signature Form

Team Name/Age: _____Association: _____

Head Coach: _____ Assistant Coach: _____

Players Name (Print)	Parents/Legal Guardian Name (Print)	Parents/Legal Guardian Name (Signature)

*** I understand by signing this form that my child will be held responsible if I am found guilty of any violations of recruiting players***

For information, suggestions or problems email info@tnsoccer.org
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