



VGBA Saturday Pre-Season Training Sessions

Name _____ E-mail _____

Grade _____ Coach _____ School _____

Home Address _____ Postal Code _____

Home Telephone _____ Cell Phone _____

Medical Concerns _____

Waiver: The registered participant and parent/guardian agree that the coaches, volunteers, and sponsors will not be held responsible for any accident or loss and hereby release them from any claims or damages that arise from such accident or loss.

I do not consent to the publication of photos/videos for VGBA promotion and media purposes

Signature of parent/guardian _____ Date _____

VGBA Internal Use Only: Payment by Cash Cheque # _____



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