

VJBL ABOVE AGE CONSENT



IF A PLAYER IS MOVING UP MORE THAN ONE AGE GROUP, THIS FORM MUST BE SIGNED AND SENT TO THE VJBL

I / We give permission for my child

Name DOB ____/____/____

From the Under
(TEAM NAME) (AGE GROUP)

To play with the Under
(TEAM NAME) (AGE GROUP)

I am aware of the increased risks my child may be exposed to both physically and mentally by playing in a higher age group.

Parent / Guardian Name

Parent / Guardian Signature

Date ____/____/____

When this form is completed then return to the VJBL for approval prior to the participant playing in the older age group. Email to warren.brown@basketballvictoria.com.au