



Carrollton Farmers Branch Girls Softball League

Age Waiver

_____ has my permission to play up in an **older** age division in CFBGSL. By signing this waiver, I acknowledge, agree, and understand the player will be participating in games with older girls and I here by release the Carrollton Farmers Branch Girls Softball League, City of Carrollton, City of Farmers Branch, any other participating city league (officers or city), officers of the league, officials of the game, coaches and staff of any responsibility for injury that may be sustained while participating.

Parent/Guardian

Date

Print name of player

Team

Division

Received by:

CFBGSL

Date