

LINWOOD GIRL'S SOFTBALL ASSOCIATION
P.O.Box 102 Linwood, NJ 08221

Child's Name: _____

Age: _____

Birth Date: _____

I understand that my child is playing up/down and assume full responsibility for the move. I am aware she may be playing with children of a different age class, but feel she is best suited for this age group. This is strictly my opinion and not the opinion of the City of Linwood, the LGSA and its volunteers.

Print Name: _____

Signature of Parent/Guardian: _____ Date: _____