

# GUEST PLAYER APPROVAL FORM

## Paul R Cody Memorial Columbus Day Tournament

This form must be presented at registration for ALL guest players on your certified roster.

*Special note for Connecticut Teams: This form must be signed by the District Vice-President or the District Registrar of the team requesting use of guest players. {CJSA Rule #3310}*

The following player is registered to our Club/Team. I hereby give permission for this player to participate as a guest player with the Participating Club/Team named below in the Paul R. Cody Memorial Columbus Day Tournament. We have provided the player pass for this player to the participating team noted below.

Player's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Club/Team to which player is registered \_\_\_\_\_

Boys / Girls \_\_\_\_\_ Age Group \_\_\_\_\_ Competitive Level \_\_\_\_\_

Coach name \_\_\_\_\_ Phone Number \_\_\_\_\_

### GUEST PLAYER PERMISSION GRANTED BY:

Club Representative Signature \_\_\_\_\_

Club Representative Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Date \_\_\_\_\_

*For CT Teams: CJSA District Signature* \_\_\_\_\_

Permission of the parent or legal guardian must also be given hereby allowing the above named child to play as a guest player with the team and club noted above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Participating Club/Team to which player is a guest of \_\_\_\_\_

Boys / Girls \_\_\_\_\_ Age Group \_\_\_\_\_

Coach name \_\_\_\_\_ Phone Number \_\_\_\_\_

TOURNAMENT DIRECTORS WILL HAVE FINAL APPROVAL OF ALL GUEST PLAYERS