



LIMESTONE COAST
FOOTBALL ASSOCIATION



Attention: Competition's Director
Limestone Coast Football Association

PARENTAL PERMISSION TO PLAY SENIORS

I, _____ give permission for
(parent giving permission – please print name)

_____ to play Seniors with
(registered player)

_____ for Season 2021
(name of club)

Signed by Club Official: _____ Date: ____/____/____

Signed by Parent: _____ Date: ____/____/____

Signed by Competition's Director: _____ Date: ____/____/____