

BROWNSVILLE BRASA SOCCER LEAGUE

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Information of Representative/Informacion de Delegado o Representante:

**Categoria/Divisions:** **2018/2017** 2016/2015 **2014/2013** 2012/2011 **2010/2009** 2008/2007 **2006/2005** 2004/2003

Team name/ Categoria/ Cell Number/ Coach Name/ Signature/

Nombre de Equipo Divisions: Numero de cellular Nombre del Coach Firma

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I have carefully read this document and fully understand its content that team information is only give to the person that name is in this document and that we (academy, director and coach) are responsible for parent, children behavior on the fields and also the verification of documentation. I certified that by the time of the first game I am going to have my First Aide, CPR and Background Check on field. I receive BROWNSVILLE BRASA SOCCER LEAGUE rules.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Al firmar esta foarma entiendo que yo y las personas cuales nombres estan escritos en este documento, (academias, directores y coach de equipo) seremos la unica persona a quien se le dara informacion del equipo y a la misma vez las encargados de comportamiento de padres y ninos como tambien de verificacion de documentos. Yo certifico que para tiempo del primer partido yo ya contare con mis certificados de Primeros Aucilios, CPR y Record Criminal en la carpeta de la liga. Yo recibe las reglas de BROWNSVILLE BRASA SOCCER LEAGUE.

Firma: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dia:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_