

※Applicants who are under the age of 20 years MUST provide this form in your registration.

DATE: _____

PARENTAL CONSENT FORM

<Procedure>

- (1) Print your name in the box below first, then ask your parents/guardians to fill out the rest.
- (2) This form must be signed by the applicant's parents/guardians to be submitted.
- (3) Include the PDF file of the signed form into your Registration Form.

※Picture of the form will not be accepted.

*Applicant

First Name	Middle Name (if needed)	Last Name

*Parents/Guardians

I _____ (PRINT Parent/Guardian's Name)

give a permission to

my child _____ (PRINT Child's Name)

to participate in B.LEAGUE TRYOUT 2020.

※	Address	
※	Phone Number	
	E-mail (if available)	

※Requisite

SIGN Parent/Guardian's Name and Date:

(Name) _____ (Date) _____