



CCBC Essex
HIGH SCHOOL GIRLS SUMMER SOCCER LEAGUE
2009

INDIVIDUAL PERMISSION SLIP

The required parental signature grants permission to participate in the CCBC Essex High School Girls Summer Soccer League and acknowledges an agreement not to hold CCBC Essex, its employees, officials, and agents liable for any injuries or damages resulting from participation in said program. It also indicates understanding of the refund policy stated below.

Name of Participant _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Phone Number _____

High School - Fall 2009 _____ Grade _____

Team Name _____

Parent/Guardian Signature _____ Date _____

Return this completed permission slip to your team manager by May 29, 2009.

<p>REFUND POLICY: 20% of the team fee represents a non-refundable application fee. 60% will be refunded up to the first two days of the program. No refunds after the first two days of the program. No refunds will be issued due to inclement weather cancellations that cause a reduction in the length of the program. Requests must be written and mailed to CCBC Essex, ATTN: Athletics, 7201 Rossville Blvd., Baltimore MD 21237-3899. Refund requests may be faxed to 443-840-1490. Processing time is two weeks from receipt of request. The date used to determine refunds will be the postmark.</p>
