Twin Valley Girls Softball League Code of Conduct Signature Verification

A copy of this document should be completed for $\underline{each\ team}$ and retained by the town representative.

To be completed by the Town Representative:

I have maintained copies of the TVGSL Code of Conduct signature page for each of the players and parents listed below and will be able to provide those copies to the League as needed.

Town:			
Town Representative Name: _			
Town Rep Signature:			
Team (U12A, U10B):			
Coach Name:			
To be completed by the Head (I have provided a copy of the TV obtained the signature of each pl	GSL Code of Conduct to each gayer and parent indicated below	·.	
Coach Signature:			
List the name of each player and the TVGSL Code of Conduct.	place a check mark next to the	parent(s) or gu	ardians who have signed
1. Player:	Mother:	Father:	Guardian:
2. Player:	Mother:	Father:	Guardian:
3. Player:	Mother:	Father:	Guardian:
4. Player:	Mother:	Father:	Guardian:
5. Player:	Mother:	Father:	Guardian:

6.	Player:	Mother:	_ Father:	_Guardian:
7.	Player:	Mother:	Father:	Guardian:
8.	Player:	Mother:	Father:	_ Guardian:
9.	Player:	Mother:	Father:	Guardian:
10.	. Player:	Mother:	Father:	_ Guardian:
11.	. Player:	Mother:	_ Father:	_ Guardian:
12.	. Player:	Mother:	_ Father:	_ Guardian:
13.	. Player:	Mother:	_ Father:	_ Guardian:
14.	. Player:	Mother:	Father:	_ Guardian:
15.	. Player:	Mother:	_ Father:	_ Guardian:
16.	. Player:	Mother:	_ Father:	_ Guardian:
17.	. Player:	Mother:	_ Father:	_ Guardian:
18.	. Player:	Mother:	_ Father:	_ Guardian:
19.	. Player:	Mother:	_ Father:	_ Guardian:
20.	. Player:	Mother:	Father:	Guardian: