

# Parental Consent Form

## Youth Soccer League Participation

Participant Name

Date of Birth

Parent/Guardian Name

Contact Number

Email Address

Medical Conditions/Allergies

Emergency Contact Name

Emergency Contact Number

Consent Statement

I, the undersigned parent/guardian, consent to my child's participation in the Youth Soccer League and acknowledge that I have read and understand all information regarding participation, risks, and responsibilities.

Parent/Guardian Signature

Date