

High School Soccer Parental Consent Form

Student Information

Student Name

Date of Birth

Grade

School

Parent/Guardian Information

Parent/Guardian Name

Relationship to Student

Phone Number

Email

Emergency Contact

Emergency Contact Name

Phone Number

Relationship to Student

Medical Information

Allergies or Medical Conditions

Medications

Primary Physician

Physician Phone

Consent & Agreement

I hereby give permission for my child to participate in the High School Soccer Program and understand that reasonable measures will be taken to safeguard the health and safety of my child. In case of emergency, I authorize the staff to secure any necessary medical treatment.

Parent/Guardian Signature

Date