

REQUIRES PARENT'S SIGNATURE:

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child _____ as they may deem advisable.

Parent/Legal guardian name _____ Date _____

Parent/Legal guardian Signature _____ Date _____

Student Allergies _____

Student Medical Problems _____

Doctor _____ Phone number _____

Insurance carrier _____ Policy number _____

Who is financially responsible for the student? _____

I hereby give permission to **Touch Of Class Soccer** , to photograph and/or videotape the student for educational or promotional purposes. _____ (Initial)

PARENT STATEMENT

I hereby state that (student's name) _____ is in good mental and physical health condition to participate in the activities provided by **Touch Of Class Soccer** , including but not limited to all aspects of soccer and or competition. I am fully aware that any activity involving motion and athletic activity creates the possibility of serious injury. I hereby release **Touch Of Class Soccer , its employee and its staff** from liability to the above named athlete, of the person claiming through him/her, arising from injury to the person or property of the above named athlete occurring in the premises of **Touch Of Class Soccer**, including any event sponsored or sanctioned by **Touch Of Class Soccer** , and or travel to and from such activities.

I understand that **Touch Of Class Soccer** , has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of Training , etc.) or becomes involved in any activity or with any persons not associated with **Touch Of Class Soccer** , or its scheduled program and that **Touch Of Class Soccer** , has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

Parent Signature _____ Date _____