



St. John School Athletics

Soccer Sign Up and Permission Slip

Student Information

Name _____ DOB _____ Grade _____ Age _____

Sport (please circle): JV Co-ed Soccer (grade 3-6)

Varsity Co-Ed Soccer (grade 7-8)

Parent/Guardian Information

Parent/Guardian Name _____

Address _____

Home Phone _____

Cell Phone _____

Email _____

Work Phone _____

Emergency Contact Information (Someone who can be reached in the event parent/guardian can't be reached)

Name _____

Relationship _____

Home Phone _____

Cell Phone _____

I give my consent for my child to participate in the above mentioned activity as part of St. John School.

Parents/guardians and student-athletes should be aware that participating in any sport involves risk of injury. We recognize the authority of the coach when it comes to the activity, and therefore understands the importance of following coaches' instructions, techniques, and rules.

As a parent/guardian, I am aware that I must provide transportation to and from all activities. I understand that I am responsible for uniforms and other necessary equipment. I am also aware that all parents/guardians must volunteer to help at home games with the concession stand, ticket sales and 50/50 raffles.

I understand my child must have a current physical on file in the school office and he/she will be unable to participate in any game until proof of physical is provided.

Student Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

Return by 9/30/15

