

Lincoln Community School Soccer
Permission Form and Medical Release 2013

*Please return this completed permission slip for each child
to the office with the \$12.00 fee by
Tuesday September 3*

Student's name _____

Parent's Name (or legal guardian) _____

Phone # during the day _____

Parent's Name (or legal guardian) _____

Phone # during the day _____

Email _____

Specific medical concerns and procedures _____

Emergency contact person and # _____

Local Physician and # _____

In case of an accident or serious illness, I request a coach or school staff member to contact me. If unable to reach me, I hereby authorize a coach or school staff member to call the physician above and follow his/her instructions. I agree that relevant medical information may be released to the coaches or school staff as necessary.

Signature of parent or guardian _____

I give permission for parents and/or coaches to transport my child to games if necessary.

Signature of parent or guardian _____

I am interested in being a referee _____

I have included the \$12.00 fee (per child) _____

I have enclosed additional money for the scholarship fund _____

When you come to practice or a game, please bring:

- ✓ Shin guards (the school has some to loan)
- ✓ Water
- ✓ Cleats (the school has some to loan) (VERY sturdy sneakers are an option)
- ✓ Mouth guard
- ✓ Warm clothing