



Soccer Extra-Curricular Activity Form

Student Details:

- Name: _____
- Grade:

Parent/Guardian Details:

- Name: _____
- Contact Number: _____
- Email: _____

Medical Info (if applicable):

- Allergies: _____
- Medical Conditions: _____

Permission:

I give permission for my child to participate in soccer extra-curricular activities.

Signature: _____

Date: _____

Emergency Contact:

- Name: _____
- Number: _____