

## **OLG SOCCER PERMISSION FORM AND WAIVER**

My child, \_\_\_\_\_ has my permission to attend OLG Soccer practices and games for after school practices at Perry Allison Play Field and at away games. I agree to instruct my child to cooperate and conform to directions and instructions of the Head Coach. I also give permission for parents to drive my child down to the field during practices and return them to OLG daycare if needed and relieve them and OLG School of any liability. The same permission goes for away games. I hereby give the Head Coach permission to use his judgment in obtaining medical service for my child and I give permission to the physician selected by the supervisory personnel to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve OLG School and other participating adults from any liability in connection with the request. I realize that all drivers must complete Virtus training, fingerprinting, and leave a copy of current driver's license and car insurance with the school office.

\_\_\_\_\_  
*Signature of Parent or Guardian:*

\_\_\_\_\_  
*Home Phone*

\_\_\_\_\_  
*Home Address*

\_\_\_\_\_  
*Work Phone/Cell Phone*

\_\_\_\_\_  
*Student Name (Please Print)*

\_\_\_\_\_  
*Date*

**PERMISSION BY PARENTS MAY NOT BE GIVEN OVER THE PHONE.**