

Fall Sports Permission Form

2019 SOCCER SEASON

STUDENT NAME: _____

GRADE: 6th 7th 8th

SPORT: Soccer

DATES: Monday, September 9th through Thursday, October, 30th

TIMES: 3:30 pm to 5:00 pm (Pick Up on Plaza at 5:00pm)
Practice: Monday - Thursday 3:30 – 5:00pm

LOCATION: Outdoors (Varies for Away Games)

COST: \$145.00 (Check payable to Waldorf School of Baltimore)

CONTACT: Coach John Harrington - 410-371-7412, jharrington@twsb.org

Return this form with payment to the front desk by Friday, September 6th, 2019.

I hereby grant permission for my child _____ to participate in the After School Soccer Sports Program. I agree that my child will be transported to away games by our Waldorf School of Baltimore Mini Bus as part of the sport or activity and that the Waldorf School of Baltimore bears no liability associated with such transportation, and I agree to hold harmless the Waldorf School of Baltimore from any liability associated with the activities of the trip. In the event of an emergency, and I cannot be reached, I hereby authorize a representative from the Waldorf School of Baltimore to transport my child to the emergency room of the nearest hospital or to call an ambulance, and I grant my consent for the hospital and its medical staff to provide my child with emergency medical treatment which a physician deems necessary (including anesthesia.) I agree to accept financial responsibility for all medical expenses incurred.

Allergies or important information needed in the event of an emergency:

PARENT TELEPHONE #: _____

PARENT SIGNATURE

DATE SIGNED