

**SOCCER PERMISSION FORM**  
**FOR GRADES 3, 4 AND 5**  
**September 28<sup>th</sup> through March 18<sup>th</sup>**

The Emerson Elementary School soccer program is being provided for 3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup> grade students after school. Transportation from school will NOT be provided by the school. To participate, students must meet all behavioral expectations set by the school. Participation is a privilege. Please complete this form and return it to your student's teacher. Students do not need to attend all sessions to participate. **Students will need to be picked-up promptly at 4:30.**

The soccer program will meet on the following dates and times:

**TUESDAY and THURSDAY**  
**3:30 - 4:30 pm**

The soccer program will be held on the soccer field or in the gym depending on weather. All participants should have clothing appropriate for the weather and have a pair of tennis shoes for gym use. Soccer shoes are allowed outside, but not in the gym. Please direct further questions to Mr. Malikowski at 425-385-6263.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

My student will \_\_\_\_\_ walk home \_\_\_\_\_ be picked-up

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Phone Number \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

I authorize my child's participation in soccer. I, the undersigned, acknowledge and understand that the program in which my child is enrolling will involve a certain degree of strenuous physical activity. I agree to assume all risks associated with the program and further agree to hold the Everett School District and advisors harmless from and against any liability, loss, claims, cost and expenses, for both personal injury and/or property damage which may arise as a result of my child's participation in soccer. In case of emergency, if you are unable to contact me and you believe it is necessary to obtain the services of a doctor or hospital to render services and/or treatment to my child, I hereby authorize you to do so at my expense.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Please turn all forms into Mr. Malikowski in the gym.

