

HIGHROAD ACADEMY

KNIGHTS

Jr. Boys and Girls Soccer

Thank you for allowing your son or daughter to play **Jr. Soccer** this year. This team is for any students in our grade 7 to 9 cohort who are interested in playing soccer this spring. For this team we plan to run practices on Mondays from 3 pm to 4:30 pm with both skill practice and game play.

We will be taking extra health and safety precautions this year and are asking that each player brings their own water bottle, washes their hands at the start and end of each practices and does their daily health check before showing up to any soccer event. Please send any questions or concerns to mmilec@highroadacademy.com.

Coaches: Kirsten Froyland

Practices: Mondays **3 pm to 4:30 pm** ~ **April 12th to May 17th**

Cost: \$20 (cash or cheque can be paid at the office along with this permission form)

Student Name: _____

Student Grade: _____

Student Birthday: ____/____/____

(year/month/day)

I give my child permission to participate in **Jr. Boys and Girls Soccer** this year at Highroad Academy and will make sure that they complete a health check before every soccer session.

I understand that with any athletics activity, some risk may be present. I release Highroad Academy, City Life Church, its employees from responsibility from activities or injuries that may result."

(Parent Name) _____ **(Parent Signature)** _____

(Parent Email) _____

PLEASE PRINT CLEARLY

(Parent Phone #) _____

Amount Paid (\$20) _____