

Take My Child To Soccer



Child's Name:		Grade:		
Session (circle one):	Fall 2025	Winter 1, 2025	Winter 2, 2026	Spring 2026
Soccer Practice Da	ay(s) of the W	/eek:		
Practice Start Time	e:	Practice E	nd Time:	
First Practice Date:		Last Practice Date:		
soccer skills training permitted to participe the After School Spo	sessions and so pate. Soccer ba rts (ASP) classr are not eligibl	wear shin guards, fu crimmages. Participa gs may be stored in t coom. ASP concludes e to return to ASP. Pa n.	nts without shin gu he Youth Sports M at 6:30 pm. Partici	nards will not be anager's office or pants in the 5:30 pm
After School Sports	coaches are re	sponsible for taking	players to and fror	n practice. Refunds
or credits will not be	issued for mis	sed practices when r	otification is provi	ded on the day of
the absence or after	ward.			
Parent / Guardian Si	gnature:			
Date:				
		OFFICE ONLY		
Signature of Youth Sport Manager:			Date:	
Signature of After School Sports Director:			Date	: