



Bethlehem Area School District
Bethlehem, Pennsylvania

Parental Consent Slip for Participation in Intramural Soccer

Pupil's Name: _____ Telephone: _____

Address: _____

Email: _____

My Daughter/Son _____ has my permission to
(Name of Student)

Participate in the Northeast: **Intramural Soccer**

In case of an accident I have the following insurance coverage for my son/daughter:

Insurance Company (Place an X over the coverage you have)

- Blue Cross
- Blue Shield
- Other _____
- School Insurance

I will present all claims resulting from any injury sustained by my child to the above named company.

(Date)

(Parent/Guardian Signature)

(Cell Phone)

Turn to the back for a tentative schedule and important information

When: **(STARTING DATE - Thursday Feb. 19th)**

Where: Meet at Main Gym

Why: To learn the fundamentals of Soccer with an emphasis on teamwork, fun, and a winning spirit!

***If you have equipment (mouthguard, personal Soccer ball, water bottle) please bring it with you. ANY QUESTIONS, see Mr. Spieker or Mrs. Miller**

Tentative Soccer Schedule

NOTE: all the following dates are tentative and are subject to change depending on weather or cancellations. We will give you enough notice so you can plan accordingly.