



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)

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

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

Tentative Soccer Schedule

[illegible]