

## TOPSoccer MENTOR PERMISSION SLIP

Mentor's name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Birth date: \_\_\_\_\_

Emergency Contact's name: \_\_\_\_\_

Emergency Contact's telephone number: \_\_\_\_\_

Physician's telephone number: \_\_\_\_\_

Hospital preference: \_\_\_\_\_

Health problems or allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I give my permission to have my child's picture used in newspaper articles, promotional videos and on television.

I will not hold the Enfield Soccer Club liable for any injury which may occur while my child is a mentor for the TOPSoccer program. I give my permission to have medical care obtained for my child.

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_