HELENSBURGH THISTLE SOCCER CLUB Inc.

since 1895

Helensburgh Junior Summer Soccer - Parent consent form

(Please hand this in when you pick up your team kit)

I give permission for my son/daughter to participate in the Helensburgh Junior Summer Soccer Competition for the 20_____/_____ season.

I am aware that the registration fee **includes/excludes** a basic insurance cover.

I will ensure my child will have sunscreen applied, sufficient water supply and is wearing shin pads at each game.

I am aware that the manager, players and parents of each team need to assist in setting up goals when allocated the 1st match of the day and assist in packing up the goals if your team is the last game.

Team: _____ Age Group: U____

Manager: _____ Signature: _____

Name of Child	D.O.B.	Name of parent/guardian	I have read and agree to the above terms: Sign here