

Kids 4 Kicks Soccer

Medical Release:

Child's Name: _____

The undersigned certifies that he/she is the Parent and/or Guardian of the minor child above and grants permission for said minor to participate in the classes at Kids 4 Kicks Soccer

I further, for myself and/or my child, agree to hold harmless Kids 4 Kicks by Mr. Josh, or his staff and any other independent contractors, for any injuries or illness that may result from said participation associated therewith. I further authorize any representative or Kids 4 Kicks by Mr. Josh to obtain any emergency medical treatment they deem necessary for me or the child.

NO REFUNDS after the program has begun unless a class is changed or cancelled by the Coaches at Kids 4 Kicks Soccer

Parent Signature: _____ Date: _____

Parents Email: _____