SORICHA FOOT INC.
2000 Valentine
BRONX NY 10457

Parental Consent Form

PLEASE COMPLETE ALL INFORMATION ON THIS PAGE

This form must be completed and signed by parent/guardian

Player's name_____

D.O.B_____/____/___

Gender: MALE_____FEMALE____

Address_____

City_____State_____Zip_____

Parent/Guadian Name:_____Relationship_____

MEDICAL INFORMATION

Allergic Reactions? Y / N If YES, list_____

Special Needs? Y / N If YES, list_____

Taking any medications at this time? Y / N If YES, list_____

EMERGENGY CONTACT

Father's Name_____

Cell Phone_____Work Phone_____

Mother's Name_____

Cell Phone_____Work Phone_____

I certify that_____has my permission to participate in the SORICHA FOOT Summer Training. I further certify that the above player has medical insurance in case of injury or emergency. I hereby grant permission to official, coaches of Soricha Foot Inc. to act for me according to their best judgment in any requiring medical attention. Furthermore, I hereby waive and release Soricha Foot Inc., Florent Sodji, and its staff for any accident or injury sustained while at the training.

Signature_____

NOTE:

- **All the players must bring their own bottles of water at the camp**
- **All the campers must wear an appropriate soccer equipment including the jersey, short, short, and shin guards.**
- **If you are a goalkeeper, bring a pair of gloves.**