

## **Sprague School District** 25 Scotland Road ~ Baltic, CT 06330

## Website www.saylesschool.org

## **Sayles School**

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I hereby give my child, Soccer Program at Sayles School.	_ permission to participate in the Interscholastic		
*Student Athletes are required to have a complete physical <u>EACH YEAR</u> and a copy given to the school nurse before participating in interscholastic sports at Sayles School.			
Athletes requiring medications must have <b>ADDITIONA</b> season.	AL meds given to the coaches prior to the start of the		
Athletes and parents/guardians must also read and signature consent Form each year.	gn the <b>Student and Parent Concussion Informed</b>		
Buses will bring athletes to home games, away games school will not be provided after practices/games; and transportation.	•		
The season's schedule will be given to your child and will be available on the school website along with directions to games at saylesschool.org. The first soccer practice will be on <b>Friday, September 2</b> nd. Practices are at the school and end at 5:00. Home games are played at Labbe Field. The 1st game starts at 4:00 with the 2nd game starting around 5:15.			
Make sure your child has proper soccer cleats (No foo	otball or baseball cleats), shin guards and socks.		
attend each practice and game. If for some reason coach in advance. I also understand I am expected decline I will not be allowed to participate. I am repractices, games; and inappropriate behaviors will the team. I will care for all school property issued	e, except from ordinary wear, of uniforms. I agree to		
Athlete's Signature	Grade		
Parent's Signature	Date		