



# Coed Soccer LEAGUE Confirmation Form



Thank you for filling out the initial online registration for Coed Soccer (League Play) at MIS. **Please note that your child's Coed Soccer League Registration is not complete until this form is printed, signed and returned with the required payment to the MIS Office: Attention Athletics.**

\*\*\*\*\*DALLAS PAROCHIAL LEAGUE INJURY WAIVER & PARENT PERMISSION SLIP\*\*\*\*\*

**Coed Soccer League fees are \$85 payment per student by cash or check (payable to MIS).** The fee must be paid in order to receive communications from coaches, receive a uniform or play. If you pre-ordered extra t-shirts, pay for these also at this time.

Number of students: \_\_\_\_\_ x \$85 = \_\_\_\_\_

Number of extra t-shirts: \_\_\_\_\_ x \$12 = \_\_\_\_\_

TOTAL AMOUNT OF CHECK/CASH = \_\_\_\_\_

CHECK # (if applicable) \_\_\_\_\_

\*\*\*\*\*DALLAS PAROCHIAL LEAGUE INJURY WAIVER & PARENT PERMISSION SLIP\*\*\*\*\*

I give my daughter/son permission to participate in **Coed Soccer Tournament** at Mary Immaculate School.

I hereby consent and authorize for my child, \_\_\_\_\_ (athlete's name) to compete in the Dallas Parochial League ("DPL") in the sport of **Coed Soccer Tournament** during the **2015-16** season, and to travel with coaches or other representatives of the school on any trips in conjunction with the DPL activities.

In consideration of my child participating in the sport of **Coed Soccer Tournament**, I hereby waive and release any rights and claims against the Diocese of Dallas, the Dallas Parochial League, Mary Immaculate Parish and all coaches, whether paid or volunteer, for any liability or damages arising out of injury resulting from my child's association and participation in the DPL. In the event I cannot be reached in an emergency, I hereby give my permission to the school or coaches to secure proper emergency treatment for my child as named above.

I certify that my child is insured and that a physician has determined that my child is eligible to participate in the sport of **Coed Soccer Tournament**.

Parent's Printed Name: \_\_\_\_\_

Parent's Cell Number: \_\_\_\_\_

Signature of parent of guardian: \_\_\_\_\_

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

