

Fall Fee Paid _____

Spring Fee Paid _____

St. Catherine's Montessori
Primary and Lower El Soccer

Participation Release Form

All parents with children wishing to participate in the SCM Primary and Lower El Soccer Program must read and complete this form before the first practice begins. Thank you for your participation.

I/We give permission for my/our child/children to participate in soccer on the grounds of St. Catherine's Montessori School. I/We hereby release and hold harmless, the school, its employees, and other agencies from any and all liability for any and all harm.

Student(s) Name

Date

Parents Signature

Email Address (Please Print)