

# Nashville Soccer United Parental Consent Form

## Voluntary Consent

I would like my child/children to be a part of Nashville Soccer United's soccer practices at Waverly Belmont on Wednesday afternoons from 3:00 – 4:30. I realize that I must pick my child up at 4:30 at Waverly Belmont unless they are registered for YMCA Fun Co and will be returning there after practice.

**X** Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of child: \_\_\_\_\_ Age \_\_\_\_ Classroom \_\_\_\_\_

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Name of child: \_\_\_\_\_ Age \_\_\_\_ Classroom \_\_\_\_\_

My child/children be picked up at this location:

**Waverly Belmont at 4:30pm**      or      **Fun Co.**

If you have any questions about the program, please contact Erin Block at [eoblock@gmail.com](mailto:eoblock@gmail.com).