



Authorization & Permission to Participate

SOCCER & MARTIAL ARTS PERMISSION FORM FOR GAMES AND TOURNAMENTS

Your child is invited to participate in the following activity:

Field Trip * Community trip over 10 miles * After School Activity * Sporting Event

Date: _____ Time: _____ Cost: _____

Location: _____

For more info see permission form

- Students will go home using their regular time, using their regular transportation.
- This activity will require transportation outside if the regular school day.
- Students will only be permitted to participate when this permission slip has been returned to the school.

PLEASE COMPLETE THIS SLIP BELOW AND RETURN TO THE SCHOOL BY (date): _____

KEEP A COPY OF THIS FORM FOR YOUR RECORDS

Student's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone Number: _____

Teacher's Name: _____ Grade/Program: _____

Activity: Soccer Game or MA Tournament: _____ Date/Time: _____

- Yes, I authorize and give permission for my child to participate in this activity.

- No, I do not give permission for my child to participate in this event/ activity.

If this activity will require transportation outside of the regular school day (please choose)

1. I will pick up my child at school after the event

2. Please drop my child off at his/her regular stop: _____

3. Please drop my child off at (address) _____

Parent Name: _____ Phone: _____ Email: _____

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310- 866- 7298