 Parent Acknowledgement Form

Area Tournament

Miami Valley South SAY Soccer

Parents please sign below to acknowledge that you have been made aware your child's SAY soccer team has

advanced to the area tournament to be held:

**Field Location:** Smith Park, 500 Tytus Avenue, Middletown Ohio 45042

**Date of Games:** October 26th and October 27th , 2024

**By signing the form below, you acknowledge that:**

You have received a copy of the bracket with times and field locations.

You will make every effort to get your child to games or notify your coach in the event of injury or illness.

**Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Childs Name** |  **Parent/ Guardian Signature** |
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