 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:** Hatton Lukens Park , 5320 Harveysburg Road, Harveysburg, Ohio 45032

**Date of Games:** October 25th and October 26th , 2025

**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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