**[](http://www.sikhacademy.ca/index.php)**

*Soccer Game*

*Participation Form for Tuesday, October 6th, 2015*

Sikh Academy grade 5, 6 and 7 students (boys and girls) will be participating in a friendly soccer game at Newton Athletic Field #1 (7395 128 Street, Surrey) on Tuesday, October 6th, 2015 against the Newton-Khalsa School campus.

Sikh Academy will arrange for students to travel from the Newton and Fleetwood Campuses to the Newton Athletic Field #1. ***However, it will be the parents responsibility to pick up their child at the Newton Athletic Field #1 (7395 128 Street, Surrey) at 4:00pm on Tuesday, October 6th, 2015.***

It is expected that all Sikh Academy students demonstrate exemplary behavioural standards and sportsmanship at all times to represent the modelled behavioural standards of Sikh Academy as per the student code of conduct.

Please ensure your child has the following items:

\_\_\_\_\_ water bottle

\_\_\_\_\_ one light coloured (white) t-shirt

\_\_\_\_\_ navy blue shorts

\_\_\_\_\_ shin pads

\_\_\_\_\_ soccer cleats

\_\_\_\_\_ track pants to wear to the game

\*Uniform shirts will be provided and handed out at the game!!

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission for my son/daughter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend the Newton Athletic Field (7395 128 Street, Surrey) on Tuesday, October 6th, 2015 **and agree to pick them up after the game at 4:00PM from Newton Athletic Park.**

Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name and Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_