

**Scholarship Request Form
Huntertown Lions Club Youth Soccer**



Date _____
Name of Player _____ **Age** _____
Parent's Name _____
Address _____
City _____ **State** _____ **Zip** _____
Phone Number (____) _____
E-mail Address _____

Season Requested – Spring ____ **Fall** ____
Age Division Requested _____

Please explain the reason for the scholarship request: _____

Waiver: I fully realize that injury or illness to my child or myself could result from or during participation of Huntertown soccer games. In case of such accident or illness, I give permission for my child or myself to be given medical treatment as deemed appropriate. I will assume responsibility for any medical bills incurred by my child or myself at the local hospital or local clinic. I further acknowledge Huntertown Soccer will not be liable for any damage from injuries or illness sustained during practices and games.

Signed _____ **Date** _____

This form must be attached to a completed and current registration form.

For office use:

Action taken - _____

