

Southside Soccer League - Disability Information Form

Please fill out the following form and email it to southsidesoccerleague@gmail.com
Once received, we will forward you a 50% off coupon code to our website.

Player Information

Full Name of Player: _____

Date of Birth: _____

Parent/Guardian Name: _____

Contact Email: _____

Contact Phone Number: _____

Disability Information

Does your child have a diagnosed disability?

- Yes

- No

If yes, please provide the type of disability:

(e.g., physical, cognitive, sensory, etc.)

Please provide any specific details or accommodations your child may need during practice or games:

Are there any medical considerations we should be aware of (e.g., medication, emergency protocol, allergies)?

Would you like to discuss your child's needs further with our coaching staff?

- Yes

- No

Additional Information

Is there anything else you'd like us to know to help ensure your child has a positive and safe experience?

Consent and Acknowledgment

By signing below, you acknowledge that the information provided is accurate and give consent for Southside Soccer League to use this information to make necessary accommodations for your child's participation in the league.

Parent/Guardian Signature: _____

Date: _____