



## Temporary Fee Waiver Application - Long Term Injury or Sickness

To apply for a fee waiver due to long term injury or illness (unable to compete for more than 45 days), please complete this application, along with a Medical Report signed by the diagnosing Physician. You can scan and email it to [registrar@tennesseesoccerclub.org](mailto:registrar@tennesseesoccerclub.org), or mail it to Tennessee Soccer Club, Attn: Waiver, P.O. Box 3113, Brentwood, TN 37024. You will be notified of any fee adjustments by email.

Player Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Team (i.e.-U16G Elite) \_\_\_\_\_ Coach: \_\_\_\_\_

Parent /Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Physician's Name / Specialty: \_\_\_\_\_

Physician Address / Phone: \_\_\_\_\_

Nature of Injury /Illness: \_\_\_\_\_

Diagnoses Date: \_\_\_\_\_: Estimated Length of Recovery: \_\_\_\_\_

Recommended Course of Treatment: \_\_\_\_\_

Form Submitted by (Print Name): \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Please attach information from your Physician regarding the injury and the length of time your child will be unable to participate in practice or games.