



## 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 [admin@brentwoodsoccerclub.com](mailto:admin@brentwoodsoccerclub.com), or mail it to P.O. Box 3113, Brentwood, TN 37027. 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. Send to PO Box 3113 Brentwood, TN 37024-3113