



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

A player is eligible for a temporary fee waiver if he or she has sustained a long term injury or illness. TSC defines a long term injury or illness as the inability to participate in any on field activities for more than 45 days. In order to receive a fee waiver, members must complete the following application and submit a medical report signed by the diagnosing Physician. The application and medical report must be turned into the TSC offices or emailed to [brandy.g@tennesseesoccerclub.org](mailto:brandy.g@tennesseesoccerclub.org). Once received by the office registrar, parents will be notified via email of any fee adjustments.

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.