

**2010/2011
KIRTLAND Outdoor SOCCER REGISTRATION FORM**

Child's Name _____ () M () F Parent/Guardian's First and Last _____
 Name _____ Date of Birth ____/____/____ Grade Fall 2010 _____
 Address _____ Mom's Birth Day/Month(req): ____/____
 Home Phone _____ Cell _____ E-mail _____

<u>Select Level for 2010/2011</u>		<u>Grade in 2010</u>
<input type="radio"/> U-K	YS	Kindergarden-----Co-ed Fall only (Wed-Sat) -No Spring
<input type="radio"/> U-7	YM	First-----Co-ed Fall only (Mon-Sat) -No Spring
<input type="radio"/> U-8	YM	Second-----Co-ed Fall only (Tue-Sat)-No Spring
<input type="radio"/> U-10	YL	Third & Fourth-----Boys
<input type="radio"/> U-10	YL	Third & Fourth-----Girls
<input type="radio"/> U-12	AS	Fifth & Sixth-----Boys
<input type="radio"/> U-12	AS	Fifth & Sixth-----Girls

Teams will practice 2-3 days per week in August. Teams will play/practice 2-3 days per week in September/October & March/April/May. This is an Outdoor Recreation League.

Uniforms will be ordered and distributed per chart above. If an exception is required please circle below.

Uniform size (circle one): **SHIRT:** YS YM YL AS AM AL AXL **SHORTS:** YS YM YL AS AM AL AXL **SOCKS:** Y A

Parent/Volunteer Roles

All parents will be asked to help during the season. Each team will need parent involvement during practice and games.
PLEASE CIRCLE ONE OR MORE AREAS IN WHICH YOU CAN CONTRIBUTE YOUR TIME and ABILITIES:
 Head Coach Asst. Coach Sponsor (\$200.00) Referee League Board Bench Coach Snack Coordinator
 Field Setup Sponsor Coordinator Fund Raising

MEDICAL INFORMATION:

List any medical problem or prohibition player has _____

Is child allergic to penicillin or any other drugs? () Yes () No If yes, which drugs _____

Person to notify in emergency _____ Telephone No. _____ Cell _____

Doctor to notify in emergency _____ Telephone No. _____

Authorization for hospital emergency room treatment: () Yes () No

CONSENT FOR MEDICAL TREATMENT (MINOR):

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor or Dentist. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Signature _____ Relationship to child _____ Date _____

SUBMIT ALL REGISTRATIONS BY MAIL TO: **REGISTRATION FEE:** Make Checks to "Kirtland Soccer"
 \$70.00 first child, \$65.00 second child, \$55 each additional child

Kirtland Soccer
 c/o Sean McGreal
 7410 S. Raccoon Hill Dr
 Kirtland, Oh 44094
(Late registrants \$90 per child, may be declined if teams are full)
 Late Fee after August 1, 2010

SEND QUESTIONS/COMMENTS BY EMAIL TO: kirtlandsoccer@hotmail.com

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in considerations for the USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature _____ Relationship to Child _____ Date _____