

**2011/2012  
KIRTLAND Outdoor SOCCER REGISTRATION FORM**

Child's Name \_\_\_\_\_ ( ) M ( ) F Parent/Guardian's First and Last \_\_\_\_\_  
 Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Fall 2011 \_\_\_\_\_  
 Address \_\_\_\_\_ Mom's Birth Day/Month(req): \_\_\_\_/\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

- | <u>Select Level for 2011/2012</u> |    | <u>Grade in 2011</u>                                   |
|-----------------------------------|----|--|
| <input type="radio"/> U-K         | YS | Kindergarden-----Co-ed Fall only (Days TBD) -No Spring |
| <input type="radio"/> U-7         | YM | First-----Co-ed Fall only (Days TBD) -No Spring        |
| <input type="radio"/> U-8         | YM | Second-----Co-ed Fall only (Days TBD)-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                                |

**\$5.00 of each registration goes to the Erin Potter Fund.**

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 (\$150.00)    Referee

**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 **July 15, 2011**

**SEND QUESTIONS/COMMENTS BY EMAIL TO:** [kirtlandsoccer@hotmail.com](mailto: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 \_\_\_\_\_