

KINDERSLEY MINOR SOCCER INDOOR REGISTRATION FORM – 2010 / 2011

Registration Nights:

Kidsport Applications: Please hand this form into KMSA on one of the registration nights so that a spot on a team can be held for the Kidsport applicant. Please note that Kidsport registrations will not be processed until the paper work has been received from Kidsport.

For further information please visit our web site at www.kindersleysoccer.com. Indoor Season will run from October – March.

PLEASE NOTE: PROOF OF AGE IS REQUIRED FOR ALL REGISTRATIONS. PLEASE PRESENT A BIRTH CERTIFICATE OR HEALTH CARD AT THE TIME OF REGISTRATION. REGISTRATIONS WITHOUT PROOF OF AGE WILL NOT BE ACCEPTED.

REP TEAM INFORMATION:
 Rep Team tryouts will be held for the following divisions: Under 12, Under 14, Under 16, and Under 18. If you are interested in trying out for any of these teams, please check the following area. These teams are dependent on coach availability and the number of players registered in each division.

I am interested in trying out for the Rep Team

PLAYER INFORMATION:
 Player's Name: _____ Birthday: ____ Y ____ M ____ D Gender: Male Female
 Health Care Number: _____ Province: _____
 Mailing Address: _____ City / Town _____
 Province _____ Postal Code _____

PARENT / GUARDIAN INFORMATION: (Please Print Information Clearly)

X _____ X _____
 Father, Stepfather, Other (Please Print Name Clearly) Mother, Stepmother, Other (Please Print Name Clearly)

Home Phone: _____ Home Phone: _____
 Work Phone: _____ Work Phone: _____
 Cell Phone: _____ Cell Phone: _____
 E-mail Address: _____ E-mail Address: _____

Lives With: Both Parents Father Only Mother Only Guardian Other

VOLUNTEERS ARE NEEDED IF SOCCER IS TO BE SUCCESSFUL. PLEASE CHECK ONE OF THE FOLLOWING:

Coach Asst. Coach Team Manager Referee

Please note Team coaches are required to complete an application form.

Volunteer Name: _____ Phone #: _____ E-mail Address: _____
 (Please Print) (If not the same as above)

Age Divisions for League:

| Age Group | Year of Birthday | Fee | (Late Registrations) | Uniform Deposit |
|-----------------------------------|------------------|------|----------------------|-----------------|
| <input type="checkbox"/> Under 6 | 05 / 06 | \$70 | \$80 | \$50 |
| <input type="checkbox"/> Under 8 | 03 / 04 | \$70 | \$80 | \$50 |
| <input type="checkbox"/> Under 10 | 01 / 02 | \$70 | \$80 | \$50 |
| <input type="checkbox"/> Under 12 | 99 / 00 | \$70 | \$80 | \$50 |
| <input type="checkbox"/> Under 14 | 97 / 98 | \$70 | \$80 | \$50 |
| <input type="checkbox"/> Under 16 | 95 / 96 | \$70 | \$80 | \$50 |
| <input type="checkbox"/> Under 18 | 93 / 94 | \$70 | \$80 | \$50 |

ABSOLUTELY NO JEWELRY OR HAIR BEADS ARE ALLOWED TO BE WORN DURING THE GAME. PLAYERS WILL BE ASKED TO REMOVE THESE BEFORE THE PLAYER CAN CONTINUE TO PLAY.
 Equipment Required: Shin guards, socks to cover the shin guards, non-marking running shoes and black shorts. Indoor soccer shoes are helpful but not necessary.

Refund Policy: ALL REFUNDS ARE SUBJECT TO A 20% ADMINISTRATION FEE. NO refunds will be issued after October 24. Please e-mail Kindersleysoccer@sasktel.net to request a refund.

WAIVER

We do hereby waive, release, absolve, indemnify and agree to hold harmless the Kindersley Minor Soccer Association, Organizers, Sponsors, Supervisors, Participants and the persons transporting our child to and from any and all said activities from all risks and all hazards incidental to such participation from all such activities for any claim arising out of and injury to our child

By initialing this box I hereby grant permission to KMSA on behalf of my child to photograph & video tape my child; public display any photos or display my child's name for non-profit purposes. I understand that any photos along with his/her name may be displayed in the local newspaper; at the field houses or on the Kindersley Soccer web site.

Signature of Parent / Guardian: _____ Date: _____

THIS AREA FOR OFFICE USE ONLY

Method of Payment: Cheque Cheque No: _____ Cash Amount Received: \$ _____

Proof of Age Verified: (Check off when verified)

Please List any Medical Conditions on the reverse side of this Form

Please List any Medical Conditions that the Coach or KMSA should be aware of
