

Kerry Park Soccer Registration Form

AGE GROUP

Child's date of birth (MM/DD/YYYY):

Please circle: MALE / FEMALE

Age Groupings for the 2018 - 2019 Season:

U6 Coed (Born 2013)

U7 Coed (Born 2012)

U8 Boys (Born 2011)

U9 Boys (Born 2010)

U8/9 Girls (Born 2011, 2010)

U10/11 Girls (Born 2009, 2008)

U10/11 Boys (Born 2009, 2008)

SELECT A SEASON

U7 - U11

Sept 15, 2018 - Mar 19, 2019

20 Weeks \$125

Sibling \$105

U6 Fall

Sept 15 - Nov 17, 2018

10 Weeks \$55

Sibling \$45

U6 Spring

Jan 19 - Mar 9, 2019

8 Weeks \$44

Sibling \$36

PERSONAL INFORMATION

CHILD'S NAME: _____

ADDRESS: _____

EMAIL: _____

PARENT/GUARDIAN:

Home Phone:

Cell Phone:

EMERGENCY CONTACT:

Phone:

PARENT/GUARDIAN:

Home Phone:

Cell Phone:

COACHING/VOLUNTEERING

Are you a parent or guardian who is interested in coaching a team?

Yes No

Are you a parent or guardian who is interested in volunteering with the league in another way?

Yes No We will contact you with potential opportunities.

HEALTH & SPECIAL CONSIDERATIONS

What special considerations should we be aware of to better meet your child's needs?

SEE OVER

EMERGENCIES

- 1. It is our policy that we notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact parents and need to get immediate help for the child. In such cases, our procedure is to call Emergency Services (911).
- 2. Please sign the consent below so that we can take appropriate action on behalf of your child. Return the signed consent to Kerry Park Recreation Administration or instructor/leader; this consent would go along with your child to the emergency center.

I HEREBY GIVE MY CONSENT FOR A STAFF MEMBER TO CALL A MEDICAL PRACTITIONER OR AMBULANCE FOR MY CHILD IN THE CASE OF AN ACCIDENT OR ILLNESS IF I CANNOT IMMEDIATELY BE REACHED.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

PHOTOS

Sign below if you **CONSENT TO** photos of your child (taken in our programs) being used in CVRD promotional material.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

JERSEYS

All jerseys must be returned on the last day of the season. If your jersey is not returned, a \$25 charge will be placed on your account.

INITIAL: _____

CONSENT

I (parent/guardian's name) _____ consent to my child participating in the Kerry Park Recreation Centre soccer league and understand the risk associated with participation including slips, falls, or injuries and agree to indemnify and save harmless the Kerry Park Recreation Centre, the Cowichan Valley Regional District and the program instructors, arising out of the act of participating in any soccer related activities provided by the Kerry Park Recreation Centre.

I, the undersigned, have read and fully understand the above liability and Informed Consent Waiver.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____