

# KENTON SOCCER REGISTRATION FORM

PLAYER'S LAST NAME : \_\_\_\_\_

PLAYER'S FIRST NAME : \_\_\_\_\_

PLAYER'S STREET ADDRESS : \_\_\_\_\_

PLAYER'S CITY / STATE / ZIP : \_\_\_\_\_

PLAYER'S HOME PHONE NUMBER : \_\_\_\_\_

PLAYER'S GENDER ( must circle one ) : BOY / GIRL

PLAYER'S DATE OF BIRTH - MO/DAY/YR ( proof required for travel only ) : \_\_\_\_\_

PLAYER'S PREVIOUS TEAM / COACH / EXPERIENCE : \_\_\_\_\_

PARENT'S NAMES : \_\_\_\_\_

PARENT'S WORK AND CELL PHONE NUMBERS : \_\_\_\_\_

PARENT'S EMAIL ADDRESS : \_\_\_\_\_

COMMENTS / REQUESTS : \_\_\_\_\_

CURRENT PROGRAM REGISTERING FOR ( must circle one ) : TRAVEL / REC LEAGUE /  
/ MICRO ACADEMY / CAMP / SOCCER ACADEMY / CLINIC / OTHER

CURRENT SESSION ( must circle one ) : SPRING / SUMMER / FALL / WINTER

SHIRT SIZE ( must circle one ) : YS(6-8) / YM(10-12) / YL(14-16) / AS / AM / AL / AXL

UNIFORM NEEDED ( must circle one ) : YES / NO REQUESTED NUMBERS (3) \_\_\_\_\_

VOLUNTEER FOR ( circle one ) : COACH / MGR / CONCESSIONS / CLEAN-UP / FUNDRAISERS

Your child will be insured for supplemental medical coverage under the United States Youth Soccer Association. Participation in sports, including youth soccer, has inherent risk of injury. By submission of this registration you hereby release the Kenton Soccer Association and Just For Kicks Soccer Camp, it's officers, board, coaches and employees, from any liability in the event your child is injured during participation in any of our programs. Photos may be taken of your child for use on our website and you give permission for such use. Additional forms and info at [KENTONSOCCER.COM](http://KENTONSOCCER.COM)

PARENTS SIGNATURE : \_\_\_\_\_ DATE : \_\_\_\_\_

MAKE CHECK PAYABLE TO AND MAIL TO :

KENTON SOCCER ASSOCIATION , P O BOX 701 , KENMORE NY 14217

AMOUNT ENCLOSED \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_