

Special
Remarks/Notes:

Kimball Soccer

Youth Soccer Registration Form

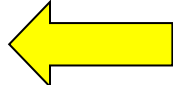
U6 _____
U8 _____
U10 _____
U12 _____
U14 _____
U19 _____

Kimball Soccer League
Office: (423) 837-7040 Fax: (423) 837-1039

Player's Last Name: _____ Player's First Name: _____ MI: _____

Birth Date: _____ Gender: M ___ FM ___ Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Primary EMail: _____ 

Parent's Name: _____ Parent's Name: _____

New Player: Yes ___ No ___ How many years played: _____

DO YOU WANT TO VOLUNTEER BY BEING A: COACH _____ ASST. COACH _____ TEAM PARENT _____
If yes you must fill out additional form for background check.

Player Registration Fees:
_____ \$50.00 – ONE CHILD
_____ \$80.00 – TWO CHILDREN
_____ \$100.00 – THREE OR MORE CHILDREN

**Must be siblings to
get the Special Rate.**

Player's Shirt Size
Youth Sizes: YXXS/YXS/YS/YM/YL
Adult Sizes: S/M/L/XL/XXL

Player's Short Size
Youth Sizes: YXXS/YXS/YS/YM/YL
Adult Sizes: S/M/L/XL/XXL

Permission to Play / Hold Harmless

I, the parent or guardian of the minor registrant, agree that the registrant and I will abide by all the rules of the Kimball Soccer League. Recognizing the possibility of physical injury associated with soccer and in consideration associated with soccer and in consideration for the "League" accepting the registrant for its soccer programs and activities "Programs", I hereby release, discharge and/or otherwise indemnify that Kimball, their employees and associated personnel and volunteers including the Town of Kimball 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 Kimball Soccer League sponsored activities which transportation I hereby authorize. I have read the cancellation policy and agree to its terms.

Print Parent/Guardian's Name _____

Signature _____ Date _____

Turn Over for Medical Release



***** Office Use Only *****

Date Received: _____ Amount Received: \$ _____ Cash/Check Number: _____
Number of Players _____ Head Coach Waiver: _____
Received By: _____

Notes:

PARTICIPATION IN TOWN SPONSORED ACTIVITY WAIVER/RELEASE

LIABILITY RELEASE

In consideration of the acceptance of my application for the above activity, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said event. This release is intended to discharge in advance The Town of Kimball, Tennessee, its officers, employees or agents from liability, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that some recreational activities involve an element of risk or damage of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waive, release and assumption of risk is to be binding on my heirs and assigns.

PARENTAL CONSENT (To be completed if applicant is under 18 years of age)

I give my consent for my son/daughter _____ (name of participant) to participate in the above activity and I execute the above liability release on his/her behalf.

CONSENT TO TREAT

I hereby give my consent to have the above applicant treated by a physician, surgeon or dentist in case of sudden illness or injury while participating in the above event. It is understood that The Town of Kimball and its Recreation Department provides no medical insurance for such treatment, and that the cost thereof will be at my expense. If a personal physician is listed below, every effort will be made to contact such physician. However, the location of the activity or the nature of the illness or injury may require the use of emergency medical personnel.

(Name of personal physician)

(Doctor's telephone number)

(Doctor's address)

_____ I do not give my consent to treat and request that medical or surgical services be withheld.

READ BEFORE SIGNING

I have read and understand the foregoing registration form, liability release form, parental consent and consent to treat forms, and agree to all of their terms and conditions.

(Date)

(Signature)

Print Name and Relationship to Player