



# Kiwanis Club of Burley – Soccer Program

**Return Form To:**  
P.O. Box 581  
Burley, ID 83318  
(208) 312-7157



## Player Information

Fall (Sep – Oct 2018) \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Birthdate \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Years of Soccer Played \_\_\_\_\_

School Attending in fall \_\_\_\_\_ Grade in fall \_\_\_\_\_

## Parent/Guardian Information

Father \_\_\_\_\_ Mother \_\_\_\_\_

Cell Phone \_\_\_\_\_  Text Cell Phone \_\_\_\_\_  Text Other Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

## Volunteer Information

**Coach** Yes \_\_\_\_\_ No \_\_\_\_\_ **Other** \_\_\_\_\_

*(if a parent agrees to coach the registration fee will be waived for 1 child)*

## Fees

Registration \_\_\_\_\_ \$ 20.00... **DEADLINE AUG 7<sup>TH</sup>** (Late registration \$30.00 Aug. 8 - 26)

**Total Fees Due** = \_\_\_\_\_  Paid \_\_\_\_\_  Jersey Received \_\_\_\_\_

## Uniform Information

**JERSEY SIZES RUN SMALL**

**Youth Sizes:** Small Medium Large **Adult Sizes:** Small Medium Large X-Large Other \_\_\_\_\_



ICCU will be sponsoring the Jerseys this year.

**\*\*We will not honor team or player placement requests with the only exception of allowing siblings to play together. \*\***

As the parent or legal guardian of the above player, I hereby give consent for emergency medical care prescribed by a duly licensed *Doctor of Medicine or Doctor of Dentistry*. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

I the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the KIWANIS SOCCER PROGRAM OF BURLEY, (and) its affiliated organization and sponsors. Recognizing the possibility of physical injury associated (with) soccer, and in consideration for the KIWANIS CLUB accepting the registrant for its soccer programs and activities (the "Programs"), I 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.

\_\_\_\_\_  
Parent/Legal Guardian (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date