



Kilgour Sports Boosters
www.kilgoursports.org

ADMIN ONLY: Dist. Rep Approval _____ Fee: \$ _____ check _____ cash _____ Date Rec'd: ____/____/09 Initial: _____

Kilgour SAY Soccer – Player Registration Form – **Fall** 2009

NOTICE: On-Time Registration for Fall Soccer ends **May 29, which is the deadline to guarantee playing on a Kilgour team. Late Registration begins **May 30** and players will be placed on a waiting list, pending available space on a team. KSB will do its best to place players on Kilgour teams, but there is no guarantee if registration is late. Payment is required with submission of registration form to KSB mailbox. On-Time Registration Fee is \$30 per child. Late Registration Fee is \$40 per child. Checks are payable to *Kilgour Sports Boosters*.**

Player Information: (Student info, not the parent/guardian)

Player's Last Name: _____ First Name: _____
 Boy: ___ Girl: ___ School attending during this season: _____ Grade _____ (current)
 Player's date of birth: ____-____-____ ***proof of age may be required***
 Players age as of 7/31 this year (circle one): **5, 6, 7, 8, 9, 10, 11, 12, 13.**
 Was this player on an SAY soccer team in the **Spring** season of this calendar year? Yes ___ No___

Request to "Play Up": Please play _____ (player) "up" to the _____ (Wings or Strikers) Division.

Request for Siblings: Please play on the same team as sibling _____ (name).

Parent/Guardian Information:

Parent/Guardian #1: _____
 Address: _____ City: _____ Zip: _____
 Phone: home _____ work _____ cell _____
 E-mail: home _____ work _____
 Preferred e-mail for team communications: home ___ work ___ both ___

Parent/Guardian #2: _____
 Address: _____ City: _____ Zip: _____
 Phone: home _____ work _____ cell _____
 E-mail: home _____ work _____
 Preferred e-mail for team communications: home ___ work ___ both ___

Consent for Emergency Medical Treatment, and Liability Release

We the Parents of _____ give permission for emergency medical treatment of our child for illness or accident if we cannot be contacted. Emergency contact other than Parent/Guardian:

Name: _____ Relationship: _____ Phone: _____

Does your child have any allergies or require any special medication: Yes ___ No___

Explain: _____

We hereby agree that the Soccer Association for Youth (SAY) its members, coaches or officers shall not be liable for any injury or loss which my child may sustain while participating in activities of any kind whether sponsored by or under the supervision of SAY and we agree to indemnify and to hold harmless SAY, its members, coaches, officers or designates of any kind from any claim whatsoever.

We hereby agree that the Kilgour Sports Boosters (KSB), its members, coaches, or officers shall not be liable for any injury or loss which my child may sustain while participating in activities of any kind whether sponsored by or under the supervision of SAY or KSB, and we agree to indemnify and hold harmless KSB its members, coaches, officers or designates of any kind from any claim whatsoever. We further certify the above information is accurate, the player is in good health, and the player has our permission to play.

 Parent's/Guardian's Signature Date

Volunteer Sign Up

Yes, I would like to volunteer to help. Parent(s) Name: _____
 Head coach: ___ Assistant coach: ___ Referee: ___ SAY District (school): ___ Cinti East SAY: ___ Other: _____