

Fall 2018 LITTLE KICKS SOCCER Registration Form



United Way Scholarships NOT AVAILABLE for this program!!!

Participant Information:

| | | | | |
|----------------------|------------|----------|---------------|--------|
| Participant Name | Gender | Age | Grade | School |
| Mailing Address | City | Zip Code | Home Phone | |
| Parent/Guardian Name | Cell Phone | | Email Address | |

Participant T-Shirt Size:

Youth: _____ Adult: _____

Group/Activity Information:

Please indicate which group your child will participate in: ***all groups listed below are co-ed teams!***

[] Little Kicks Soccer (3-5 years - pre-K only, no Kindergarten) \$30.00 resident/\$35.00 non-resident

Registration Deadline: **Friday August 10th, 2018**

****reimbursements will be issued in the case of inadequate participant registrations, parental consent of cancellation or other arrangements as necessary****

Please return all registrations to the Kersey Town Hall: Monday - Friday 8:00am-4:30pm

Contact: **James Neill** - Recreation Director

(o) 970.353.1681 (c) 970.373.8314 (e) recreation@kerseygov.com

Parent/Guardian Information:

I understand that any activity offered by the **Kersey Recreation Department** may have an element of hazard or inherent danger, and I take full responsibility for my child's actions and physical condition. I expressly understand and agree that neither the **School District, Kersey Recreation Department, a municipal corporation, nor any of the officers, agents, volunteers, assistants or employees** shall be held responsible or made subject to any claim seeking to assess damages or liability for, or arising from personal injury or property damage to myself or other persons on whose behalf this form is now signed as a result of actual proposed participation in the above named programs. I hereby agree to **INDEMNIFY AND HOLD HARMLESS THE SCHOOL DISTRICT, THE TOWN OF KERSEY, THEIR OFFICERS, AGENTS, VOLUNTEERS, ASSISTANTS OR EMPLOYEES ON ACCOUNT OF ANY SUCH CLAIMS!**

Parent/Guardian Signature:

Name (print)

Relationship

Signature

Date

Emergency Contact/Family Physician Information:

Name

Relationship

Phone

Name

Relationship

Phone

Family Physician/Medical Office

Phone

United Way Information:

United Way Scholarships will not be offered for this program

We apologize for the inconvenience!

Office Use Only: Received by _____

Date: _____ Amount: _____ Receipt #: _____ Check/Cash: _____