

# Kanawha City Soccer Club (KCSC) Soccer Registration Form - Spring 2010 Season

A Member Club/Association of The Kanawha Valley Soccer League (KVSL)

Player Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Jersey Size: (circle one)

YS YM YL AS AM AL AXL

Sex (circle one): Male Female



## KCSC OFFICIAL USE ONLY

Date Received: \_\_\_\_\_

Check # \_\_\_\_\_

Birth Certificate On File: \_\_\_\_\_

Team Number: \_\_\_\_\_

Player Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City: \_\_\_\_\_ State: WV Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_ Primary Email \_\_\_\_\_

## Parent/Guardian Information

Parent/Guardian: \_\_\_\_\_

Last first

Mailing Address \_\_\_\_\_

(If different from players)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Last first

Mailing Address \_\_\_\_\_

(If different from players)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_

## Emergency Information

List any medical conditions or allergies: \_\_\_\_\_

Notification in case of emergency: Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Person **OTHER THAN** parent or guardian outside of household: \_\_\_\_\_ Phone \_\_\_\_\_

## RELEASE OF LIABILITY & MEDICAL RELEASE

I the parent/legal guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of KCSC, KVSL and/or USYSA, its affiliated organizations, or sponsors. Recognizing the possibilities of physical injuries associated with soccer I discharge any/or otherwise indemnify KCSC, KVSL and/or USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the programs, against any claim by or on from the same, which transportation hereby authorize. I also hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT VOLUNTEERS:** KCSC survives on parental/guardian support. Please indicate how you can assist our club below.

Coach: \_\_\_\_\_ Asst. Coach: \_\_\_\_\_ Team Parent: \_\_\_\_\_ Field Preparation \_\_\_\_\_ Referee \_\_\_\_\_ Board \_\_\_\_\_

**Spring 2010 registration fee is \$65.00 per player. REGISTRATION DEADLINE IS 2/28/10!**

THERE IS NO GUARANTEE OF TEAM PLACEMENT FOR YOUR CHILD! THERE ARE A LIMITED NUMBER OF ROSTER SPOTS AVAILABLE IN THE SPRING.

**If your child is new to our club, you must send a copy of your child's birth certificate along with your registration form and registration fee.**

**Mail To: Kanawha City Soccer Club - PO Box 4182 - Charleston, WV 25304**