



KIWANIS SOCCER LEAGUE

Mini Division, Ages 6 & 7 Junior Division, Ages 8 & 9 Senior Division, Ages 10, 11, & 12

NAME _____ DIVISION _____ AGE _____

SCHOOL _____ GRADE _____ BIRTHDATE _____

MALE () FEMALE () YEARS EXPERIENCE _____

PARENT/GUARDIAN NAME _____

ADDRESS _____ CITY _____ ZIP _____

TELEPHONE day _____ night _____ cell _____

E-MAIL ADDRESS _____

DO YOU HAVE MEDICAL INSURANCE? (please circle) YES _____ NO _____ *If yes, please list: _____*
IN CASE OF EMERGENCY, CALL _____ PHONE _____

I/WE, THE PARENT(S) OR GUARDIAN(S), GIVE OUR PERMISSION FOR OUR CHILD TO PARTICIPATE IN THE KIWANIS YOUTH SOCCER LEAGUE. FURTHERMORE, WE HEREBY HOLD HARMLESS AND INDEMNIFY THE GLASGOW RECREATION DEPARTMENT, THE GLASGOW KIWANIS CLUB, THE CITY OF GLASGOW, AND ANY OTHER EMPLOYEES, SPONSORS, COACHES, & OFFICIALS FROM ALL CLAIMS, DAMAGES, LOSSES, AND INJURIES THAT MAY BE INCURRED BY THE PARTICIPANT DURING ALL PRACTICES AND GAMES AND WHILE TRAVELING TO AND FROM PRACTICES AND GAMES, FROM AND AGAINST ANY PERSONAL INJURY, LOSS OF LIFE, PROPERTY AND/OR DAMAGE TO PROPERTY SUSTAINED IN OR ABOUT THE PREMISES, AND FROM AND AGAINST ALL COSTS, EXPENSES AND LIABILITY INCURRED IN AND ABOUT ANY SUCH CLAIMS, THE INVESTIGATION THEREOF OR THE DEFENSE OF ANY ACTION OR PROCESS BROUGHT THEREON AND FROM AND AGAINST ANY ORDERS AND/OR JUDGMENTS THAT MAY BE ENTERED THEREIN. I/WE ALSO AGREE TO ABIDE BY ALL RULES AND REGULATIONS PROMULGATED BY THE GLASGOW RECREATION DEPARTMENT IN THE KIWANIS YOUTH SOCCER LEAGUE. I FURTHER ATTEST AND VERIFY THAT MY CHILD IS PHYSICALLY FIT AND SUFFICIENTLY TRAINED FOR PARTICIPATION IN THE KIWANIS YOUTH SOCCER LEAGUE. FURTHER, BY SIGNING THIS AGREEMENT, I/WE ARE HEREBY GIVING THE RECREATION DEPT. PERMISSION TO USE PHOTOGRAPHS OF PARTICIPANTS FOR PUBLICITY PURPOSES

(Signature of Parent or Guardian)

IF YOU ARE INTERESTED IN COACHING OR ASSISTING A COACH, PLEASE CHECK HERE ().

LIST SOCCER SHIRT SIZE: CIRCLE ONE (PLEASE COME BY REC DEPT TO TRY ON SHIRT)

YOUTH SMALL YOUTH MEDIUM YOUTH LARGE
6-8 10-12 14-16

ADULT SMALL ADULT MEDIUM ADULT LARGE ADULT XLARGE

PLEASE MAKE CHECKS PAYABLE TO GLASGOW RECREATION DEPARTMENT.

Amount Paid -- \$20 \$15 (Name & age of sibling) _____