



# KINGSBURY PARK DISTRICT

## Spring Soccer Registration Form

Parent's Names \_\_\_\_\_

(Last)

(First)

Address \_\_\_\_\_

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

Phone # \_\_\_\_\_ Alternate Phone # (if applicable) \_\_\_\_\_

Email Address \_\_\_\_\_

**Participating Child/Children's Information:**

CS #	Program	Last Name	First Name	Sex	Uniform Size*		Birth Date	Age**	Fee
					Shirt	Shorts			

Check if siblings are in the same CS# (same league) and you want them to play on the same team.

\* Shirt sizes available are YS, YM, YL, AS, AM, & AL. Short sizes are YXS, YS, YM, YL, AS, AM, & AL.

\*\*Age is determined by the child's age as of September 1 of the current year.

Check or Receipt # \_\_\_\_\_ Check \$ \_\_\_\_\_ Cash \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

**WAIVER AND RELEASE OF ALL CLAIMS:**

**PLEASE READ THIS FORM CAREFULLY & BE AWARE THAT IN REGISTERING IN THE ABOVE PROGRAM(S), YOU WILL BE WAIVING AND RELEASING ALL CLAIMS FOR INJURIES YOU OR YOUR CHILD /WARD MIGHT SUSTAIN ARISING OUT OF THE ABOVE PROGRAM(S).**

"I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any such injuries, damages or loss regardless of severity which I or my child/ward may sustain as a result of participation in any activities connected or associated with any such program(s). I waive and relinquish all claims I or my child/ward may have against the Kingsbury Park District and its agents, servant and employees as a result of participation in any of the above program(s). I hereby fully release and discharge the Kingsbury Park District and its agents, servants and employees from and any all claims from injuries, damage or loss which I or my child/ward may have or which may accrue to me or my child/ward in any of the above program(s). I further agree to indemnify and hold harmless and defend the Kingsbury Park District and its agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or my child/ward, and arising out, connected with, or in anyway associated with the activities of any of the program(s). I have read and fully understand the above details and waiver and release all claims."

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_