

Kenilworth Soccer Club
P.O. Box 372
Kenilworth, NJ 07033
www.kenilworthsoccerclub.com
Registration

Player Information

Last Name: _____ First Name: _____ Male _____ Female _____
 Street Address: _____ Town: _____
 Date of Birth: ____/____/____ Current Grade: _____ School: _____
 League Preference: Recreation _____ Intercounty _____
 Traveling _____

Parent/Guardian Information

Mother's Name: _____ Phone: _____ Cell: _____
 Father's Name: _____ Phone: _____ Cell: _____
 e-mail addresses (print clearly): _____

Your help is essential to our Club, **please volunteer** by circling one or more of the following:

COACH ASST. **COACH** **FIELD PREP** **TEAM MOM/DAD**

Uniform Size Shirt

Youth S Youth M Youth L Adult S Adult M Adult L

Medical

Recognizing the possibility of physical injury associated with soccer and in consideration for USYS/USS and its affiliates accepting the registrant for its soccer programs and activities (the "Programs") I hereby release, discharge and/or otherwise indemnify USYS/USS, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs.

Therefore, I grant _____ and/or _____ permission to act as my surrogate for my child in the area obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.

Known allergies or other pertinent medical information:

MAKE CHECK PAYABLE TO KENILWORTH SOCCER CLUB AND MAIL TO ADDRESS ABOVE

Official Use Only Registration Fees

Player Fee: \$ _____ Picture Received Yes _____ No _____ Amt. Received \$ _____

Birthdate Verified Yes _____ No _____

Other: \$ _____ Received By: _____

TOTAL \$ _____ Date: _____