

TEXAS KICKERS SOCCER Club REGISTRATION FORM



COMPLETE ALL SECTIONS

Last Name _____ First Name _____ M/F (Circle One)

Address _____ City _____ State _____ Zip _____

Phone () _____ Email _____

Grade (Circle One): K 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th

Father's Name: _____ Cell Phone _____ Bus Phone _____

Mother's Name: _____ Cell Phone _____ Bus Phone _____

List any medical problems or limitations player has:

Person to notify (other than parents) in case of emergency _____
 Emergency Phone _____

Doctor: _____ Phone _____

Dentist: _____ Phone _____

REGISTRATION FEES:

\$150 once a week / Per Season "3 month"

\$250 twice a week / Per Season "3 month"

The Season consist of 10-12 session

Uniform SIZE (Circle One): YOUTH S M L ADULT S M L

*Uniform is not included

<p>I the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the TKYSC, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the TKYSC accepting the registrant for its soccer programs and activities (the "Programs").</p> <p>I hereby release discharge and otherwise indemnify the TKYSC, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Program against any claim by or on behalf of the registrant as a result of the registrant's participations in the Program and or being transported to or from the same, which transportation I hereby authorize.</p> <p>NAME: (Please Print) _____</p> <p>Signature: _____ Date: _____</p>	<p align="center">CONSENT FOR MEDICAL TREATMENT:</p> <p>As a parent or legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a dully licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.</p> <p>NAME: (Please Print) _____</p> <p>Signature: _____ Date: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p>
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For TKYSC Board Use only:

Check # Received: _____ Date: _____