

LITTLE KICKERS SOCCER CLUB

FALL 2016 SOCCER REGISTRATION FORM - LOCAL TEAM



Ages 4-12 (must be age 4 by 9-1-16)

Registration Fee - \$50.00 due by 7/25/16

**** (Registration will be reimbursed if not enough local teams registered by 7/25/16)

Check One: Giddings Team Lexington Team Male Female

Player Name: _____ DOB: _____

Age as of 9/1/16: _____

Parent Name: _____ Contact Number: _____

Home Address: _____

Sibling playing soccer: Age _____ Name: _____

Sibling player soccer: Age _____ Name: _____

No Late Registrations

Must have a birth certificate attached to form OR on file for child to play.
Por favor de adjuntar Acta de Nacimiento.

Player's Shirt Size: (circle one) YS YM YL AS AM AL AXL

Por favor de llenar la siguiente pagina.
Please see back side.

CONSENT FOR MEDICAL TREATMENT OF A CHILD(Consentimiento para el tratamiento medico de un nino)

As a legal guardian of the above-name minor, I give consent for emergency medical care. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of a minor. (Como tutor legal del menor de edad doy el consentimiento para la atencion medica de emergencia. Este cuidado puede dars bajo cualquier condicion que sea necesaria para preservar la vida, la integridad fisica, o el bienestar de un menor.)

Medical Conditions/Allergies: _____ **Condicion Medica/Alergias:** _____

PARENT/COACHES CODE OF ETHICS

I will treat all players, coaches, administrators, parents and referees with the respect and courtesy I desire for myself.

I will refrain from making derogatory or abusive remarks to any player, parent, coach, or referee.

Provide a safe environment for all players during practices and games insuring the area is free of any alcohol, tobacco, or drugs.

Coaches must always refrain from criticizing officials during the presence of players or spectators.

I WILL DO MY BEST TO MAKE SOCCER A FUN GAME FOR ALL!

Violations of the above code of ethics may result in disciplinary action by the L.K.S.C. board and could result in suspension of future activities with L.K.S.C.

RELEASE

I/We hereby give approval for the participation of my child in all association activities, and I assume all risk and hazards, incident to such participation including transportation to and from said activities, waive, release, absolve, indemnify and agree to hold harmless LKSC, the City of Giddings, the organization and supervisor, officers, directors, participants, and persons or parents transporting participants to or from such activities, from any claim arising out of injury to my child. (Nosotros por la presente, damos aprobacion para la participacion de mi hijo en todas las actividades de la asociacion, y supongo que todos los riesgos y peligros, tal incidente a la participacion incluido el transporte desde y hacia dichas actividades, renuncia, lanza, absolver, de acuerdo a indemnizar y eximir de LKSC, La Ciudad de Giddings, La Organizacion y el supervisor, los reclamacion derivada de los danos causados a mi hijo.)

L.K.S.C. is a volunteer organization. Please mark the area(s) you would like to volunteer your time.

Coaching Asst. Coaching Concession Stand Field Maintenance

INTERESTED IN SPONSORING A TEAM?

\$150.00(Business Name) _____ (must receive by 7/25/16 for name on shirt)

Mail forms & payment to: LKSC, P.O. Box 195, Giddings, Tx. 78942

FORMS MAY BE PICKED UP AND RETURNED TO GIDDINGS PUBLIC LIBRARY, FIRST NATIONAL BANK MOTOR BANK OR HIBBETT SPORTS THROUGH 7-25-16

PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____

FIRMA DE PADRE

Payment Received by:	Amt. Recd:	<input type="checkbox"/> Check #	<input type="checkbox"/>
		Cash	