

Kerry Park Youth Soccer League Registration Form 2023 - 2024



SEASONS

U6 Co-ed Fall 2023 Sept 17 - Nov 18, 2023 \$60/season \$70 after Aug 30 Saturdays (no weekdays)	U6 Co-ed Winter 2024 Jan 20 - Mar 9, 2024 \$48/season \$58 after Jan 10 Saturdays (no weekdays)	U7 - U11 Full Year Sept 16, 2023 - Mar 19, 2024 \$130/season \$145 after Aug 30 Saturdays & Weekday Practice
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DIVISIONS

U6 Co-ed Born 2018	U8 Boys Born 2016	U8/9 Girls Born 2015, 2016	U10/11 Boys Born 2013, 2014
U7 Co-ed Born 2017	U9 Boys Born 2015		U10/11 Girls Born 2013, 2014

PERSONAL INFORMATION

Child's Name:		Birthdate:	
Address:		<i>MM / DD / YYYY</i>	
City:	Postal:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Email for league correspondence:			

Parent/Guardian:	Parent/Guardian:
Primary Phone #:	Primary Phone #:
Secondary Phone #:	Secondary Phone #:

Emergency Contact:	Emergency Contact Phone #:
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HEALTH & SPECIAL CONSIDERATIONS

What special considerations should we be aware of to better meet your child's needs?

COACHING

Are you a parent/guardian who is interested in coaching a team? Yes No

REQUESTS

Note: we do our best to accommodate player requests but cannot guarantee that each request is granted.

Team requests:

EMERGENCIES

1. It is our policy that we notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact parents and need to get immediate help for the child. In such cases, our procedure is to call Emergency Services (911).
2. Please sign the consent below so that we can take appropriate action on behalf of your child. Return the signed consent to Kerry Park Recreation Administration or instructor/leader; this consent would go along with your child to the emergency center.

I HEREBY GIVE MY CONSENT FOR A STAFF MEMBER TO CALL A MEDICAL PRACTITIONER OR AMBULANCE FOR MY CHILD IN THE CASE OF AN ACCIDENT OR ILLNESS IF I CANNOT IMMEDIATELY BE REACHED.

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

PHOTOS

Sign below if you **CONSENT TO** photos of your child (taken in our programs) being used in CVRD promotional material.

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

JERSEYS

All jerseys must be returned on the last day of the season.
If your jersey is not returned, a \$25 charge will be placed on your account.

INITIAL: _____

CONSENT

I (parent/guardian's name) _____ consent to my child participating in the Kerry Park Recreation Centre soccer league and understand the risk associated with participation including slips, falls, or injuries and agree to indemnify and save harmless the Kerry Park Recreation Centre, the Cowichan Valley Regional District and the program instructors, arising out of the act of participating in any soccer related activities provided by the Kerry Park Recreation Centre.

I, the undersigned, have read and fully understand the above liability and Informed Consent Waiver.

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

Please print or save this form to your device and email attachment to aly.davey@cvr.bc.ca