

# Kerry Park Youth Soccer League Player Profile Form 2026 - 2027



**Please note: your registration is not complete until you've registered and paid via phone, in person, or online.**  
This form provides us with additional information *after* initial registration is complete.

## SEASONS

<b>U6 Co-ed Fall 2026</b> Sept 12 - Nov 14, 2026	<b>U6 Co-ed Winter 2027</b> Jan 23 - Mar 13, 2027	<b>U7 - U11 Full Year</b> Sept 12 - Nov 28, 2026 / Jan 23 - Mar 6, 2027
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## DIVISIONS

U6 Co-ed Born 2021	U8/9 Boys Born 2019, 2018	U10/11 Boys Born 2017, 2016
U7 Co-ed Born 2020	U8/9 Girls Born 2019, 2018	U10/11 Girls Born 2017, 2016

## PERSONAL INFORMATION

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

<b>Parent/Guardian:</b>	<b>Parent/Guardian:</b>
Primary Phone #:	Primary Phone #:
Secondary Phone #:	Secondary Phone #:

<b>Emergency Contact:</b>	<b>Emergency Contact Phone #:</b>
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## HEALTH & SPECIAL CONSIDERATIONS

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

## TEAM REQUESTS

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

Name of one player or coach you'd like to play with:

## 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:** \_\_\_\_\_

## COACHING

If you are a parent/guardian interested in coaching a team, please complete application below:

**NAME:** \_\_\_\_\_

**Preferred Role:**  Coach  Assistant Coach

**Preferred Practice Day:**  Mon  Tues  Wed

Primary Phone #: \_\_\_\_\_

Coaching/Playing Experience: \_\_\_\_\_

Email: \_\_\_\_\_

**SIGNATURE OF VOLUNTEER:** \_\_\_\_\_ **Date:** \_\_\_\_\_

All volunteers are required to complete a current Criminal Record Check and fill out a CVRD Release of Liability Form.