

KILLARNEY KYSA WORLD CUP SPRING SOCCER 2010 CONSENT & REGISTRATION FORM

Your child will not be placed on a team until we have received this form

Child's Name _____ Age _____ M F Birth date ____/____/____
month / day/ year

Address _____ Postal Code _____

Phone _____ Email _____

Child's School _____ Doctor's Name: _____

Doctor's phone #: _____ Care card #: _____

Parents Name: _____ Parent's Signature: _____

SOCCER EXPERIENCE

If you play fall/winter soccer, where do you play? _____
Killarney welcomes players of all skill levels! Please select one level:

<input type="checkbox"/> Player just starting out with no soccer experience. <input type="checkbox"/> Player with little soccer experience.	<input type="checkbox"/> Player who has played 2 yrs of beginner soccer or 1 year mini Soccer. <input type="checkbox"/> Player who has played 2 years of Intermediate or competitive.	<input type="checkbox"/> Player with 4 or more years of soccer experience. <input type="checkbox"/> Player who has played competitive team soccer or who has played at gold/silver level
--	--	---

KYSA WORLD CUP SPRING PROGRAM

SATURDAYS APRIL 24 - JUNE 26, 2010 (9 Weeks)

Killarney Oval and Bottom Field

Please check one box below you wish your child to participate in:

<input type="checkbox"/> Beginners A Co-ed (4-5yrs)	Sat Game 9:30-10:30am
<input type="checkbox"/> Beginners B Co-ed (4-5yrs)	Sat Game 10:30-11:30am
<input type="checkbox"/> Intermediate 1A Co-ed(6-7yrs)	Sat Game 11:30-12:30pm
<input type="checkbox"/> Intermediate 1B Co-ed (6-7yrs)	Sat Game 12:30-1:30pm

<input type="checkbox"/> (Boys 8-9yrs)	<input type="checkbox"/> (Boys U13+)	Name of Team: _____
<input type="checkbox"/> (Girls 8-9yrs)	<input type="checkbox"/> (Girls U13+)	
<input type="checkbox"/> (Boys 10-12yrs)	<input type="checkbox"/> (Full Team)	
<input type="checkbox"/> (Girls 10-12yrs)		

Payment Information: \$85.00/child

Cheque (payable to KYSA)

Soccer Payment \$ _____ .00

Total Payment \$ _____ .00