



# KILLARNEY KYSA SUMMER SOCCER ACADEMY 2010 CONSENT & REGISTRATION 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: \_\_\_\_\_

**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
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**KYSA SUMMER ACADEMY PROGRAM**

Mon-Fri July 5 - August 13, 2010  
 Morning or Afternoon - 9:30am-12:30pm or 5:30pm-8:30pm  
 Killarney Oval and Bottom Field  
 Includes KYSA Academy Jersey

*I would like my child to participate in the following session(s):*

July 5 - 9	<input type="checkbox"/> AM	<input type="checkbox"/> PM	July 26 - 30	<input type="checkbox"/> AM	<input type="checkbox"/> PM
July 12 - 16	<input type="checkbox"/> AM	<input type="checkbox"/> PM	August 2 - 6	<input type="checkbox"/> AM	<input type="checkbox"/> PM
July 19 - 23	<input type="checkbox"/> AM	<input type="checkbox"/> PM	August 9 - 13	<input type="checkbox"/> AM	<input type="checkbox"/> PM

**Payment Information: \$125.00/child**     Cheque (payable to KYSA)     Visa     MasterCard

Name on Card \_\_\_\_\_ Card # \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_

Total Payment    \$\_\_\_\_\_.00

I consent to the above named player to participate in activities of KYSA and acknowledge that there are risks associated with such participation. I release, hold harmless, and agree to indemnify KYSA and its officers, club officials, members and agents from injury, loss, and damage which might be claimed against KYSA or its members or on behalf of the said player and arising directly or indirectly from such participation including transportation.

Please sign: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Signature of Parent/Guardian)

Please return this form to: KYSA, c/o Killarney Community Centre, 6260 Killarney Street, Vancouver, B.C., V5S 2X7  
 All refunds are subject to an administration fee of \$25. See also [www.kysa.ca](http://www.kysa.ca) for refund policy. NSF cheque fee - \$35  
 Pictures of the team and/or players may be used by KYSA on their website/brochures. If you DO NOT wish your child's picture to be included, please advise KYSA.