



Kirkton Community Soccer-Baseball Program Registration 2022



Family Information:

Parent/Guardian Name(s): _____

Address: _____

Phone number: _____ Email address: _____

Emergency Contact (Name and number): _____

Player Information:

| First Name | Last Name | Gender | Date of Birth (YY/MM/DD) |
|------------|-----------|--------|--------------------------|
| | | | |
| | | | |
| | | | |

Please indicate if your child has any allergies or special medical concerns:

Name: _____

Medical Information: _____

Fees: \$20 per child Family total: \$_____ cash cheque e-transfer
Please send e-transfer to kfound@quadro.net

Disclaimer: I hereby waiver and release the organizers of Kirkton Community Soccer and Baseball program from any/all damages or injuries which are a result of participation in the Kirkton Community Soccer and Baseball program, including any associated events (ie. Year end party).

I give permission for my child(ren) to be photographed for the year end group photo, and know that these photos may be used in other media and social media publications.

I have read the above waiver and agree to the terms listed.

Signature: _____ Date: _____

Coaches/Team Leaders are needed for this program!

Examples for drills to run with your team will be provided, or coaches are able to develop their own training and skills programs.

I can act as a coach/team leader for my child's team