

**KINSTON/LENOIR COUNTY PARKS & RECREATION DEPARTMENT
2018 FALL SOCCER REGISTRATION FORM**



AGE CONTROL DATE - (PLEASE CHECK ONE)

BIRTHDATES

UNDER 6: 4yrs. old on or before Sept. 17, 2018 _____
UNDER 8: 6yrs. old on or before Aug 1, 2018 _____
UNDER 10: 8yrs. old on or before Aug 1, 2018 _____
UNDER 12: 10yrs. old on or before Aug 1, 2018 _____
UNDER 14: 12yrs. old on or before Aug 1, 2018 _____
UNDER 17: 14yrs. old on or before Aug. 1, 2018 _____

Mail to or leave form with fee at:

KINSTON/LENOIR COUNTY PARKS & RECREATION
2602 W. VERNON AVENUE (upstairs in the Kinston Community Center)
KINSTON, N.C. 28504
ATTENTION: Scott Alston

REGISTRATION FEE: \$30.00/PER PLAYER

MAKE CHECK PAYABLE TO: KLC Parks and Recreation

REGISTRATION DEADLINE: September 7th, 2018

*****NOTE: ALL ENTRIES RECEIVED AFTER DEADLINE WILL BE PUT ON A WAITING LIST*****

Coaches will notify all players by September 16th of practice times.

SCHEDULE FOR FIRST PRACTICE: **MONDAY, SEPTEMBER 17th, 2018**
FIRST GAME U6: **MONDAY, OCTOBER 1ST, 2018**
FIRST GAME U8, U10, U14, U17: **TUESDAY, OCTOBER 2ND, 2018**

GAME SCHEDULE

U-6 (Monday Night)

U-8, U-10, U-14 (Tuesday and Thursday Nights), U17 (TBA)

*****BACK OF FORM MUST BE COMPLETED FOR EACH PLAYER*****

HOW MANY YEARS OF SOCCER HAS YOUR CHILD PLAYED (IF ANY)? _____

DID YOU PLAY SOCCER IN THE 2017-18 FALL or SPRING SEASON AT BARNET PARK? YES _____ NO _____

COACH'S NAME/TEAM NAME: _____

PLEASE PRINT:

CHILD'S NAME: _____ SEX: M ___ F ___ BIRTHDATE: _____

PARENT'S/GUARDIAN'S NAME: _____

ADDRESS: _____ CITY: _____

ZIP CODE: _____ COUNTY OF RESIDENCE: _____ KINSTON RESIDENT: YES ___ NO ___

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: _____ IPHONE (RecTexts): _____

SHIRT SIZE (CIRCLE ONE): XS YS YM YL AS AM AL AXL

SHORTS SIZE (CIRCLE ONE): XS YS YM YL AS AM AL AXL

SOCKS (CIRCLE ONE): XS YS YM YL AS AM AL AXL

SCHOOL CHILD ATTENDS: _____

DID CHILD PLAY TRAVEL SOCCER? YES ___ NO ___

COACH'S NAME: _____

WOULD YOU BE INTERESTED IN THE FOLLOWING (Check all that apply): COACHING ASST. COACHING

- PROTECTIVE EQUIPMENT REQUIRED.
- SHIN GUARDS MUST BE WORN AT ALL TIMES.
- SOCCER SHOES ARE RECOMMENDED.
- NO JEWELRY TO BE WORN AT ALL (**INCLUDING EARRINGS**) **NO EXCEPTIONS!!!!**

- I/WE THE PARENTS/GUARDIANS OF THE ABOVE CANDIDATE DO HEREBY GIVE APPROVAL FOR PARTICIPATION IN ANY/ALL ACTIVITIES DURING THE CURRENT SEASON.
- I/WE THE PARENTS/GUARDIANS DO ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO THE CONDUCT OF THE ACTIVITIES, TRANSPORTATION TO AND FROM THE ACTIVITIES.
- I/WE THE PARENTS/GUARDIANS DO HEREBY RELEASE, ABSOLVE, INDEMNIFY AND HOLD HARMLESS THE KINSTON/LENOIR COUNTY PARKS AND RECREATION DEPARTMENT, THE ORGANIZERS, SPONSORS AND THE SUPERVISORS, ANY OR ALL OF THEM.
- IN CASE OF INJURY TO MY CHILD I/WE HEREBY WAIVE ALL CLAIMS AGAINST THE ORGANIZERS, SPONSORS OR ANY OF THE SUPERVISORS APPOINTED BY THEM.
- I/WE LIKEWISE RELEASE FROM ANY RESPONSIBILITY ANY PERSON TRANSPORTING MY CHILD TO/FROM THE ACTIVITIES.

Parent/Guardian Signature: _____ Date: _____