KINGMAN RECREATION

Proudly Presents

Soccer '21

AGE AS OF MARCH 31, 2021

COED SOCCER: Please Mark the box next to the appropriate division:

- ☐ 5/6 year olds
- ☐ 7/8 year olds
- ☐ 9/10 year olds
- ☐ 11/12 year olds

Format: Boys and girls will be split up by their ages. Teams will be COED. Divisions will be 5/6 yr olds, 7/8 yr olds, 9/10 yr olds, 11/12 yr olds. Games will be on Saturdays. Please fill out form and return to the KRC office by deadline to avoid any late fees.

Fee: $25/player (Includes team shirt)
Fee After Deadline: $35/player
DEADLINE: Friday, February 19, 2021
LAST DAY FOR ENTRY: FRIDAY, February 26, 2021

NOTICE: Coaches that are selected will be contacted with date and times of coaches meeting. Players will then be contacted by coaches.

Season Dates: March 20, 27, April 10, 17, 24, **ALL DATES SUBJECT TO CHANGE**

If games are cancelled due to weather they may be made up during the week.

Drop Box Location: KRC Office, 131 W. Ave. A

2021 Youth COED Soccer Signup

***MUST BE 5 YRS OLD BEFORE MARCH 31, 2021**
***CANNOT BE 13 BEFORE MARCH 31, 2021**

Participant
NAME: _____D.O.B.: _____Age (as of March 31, 2021): _____Gender: M F

Shirt Size: YS YM YL AS AM AL AXL *Registrations after "Last Day for Entries" will not receive t-shirt

Parents: (Please circle one.) Head Coach Asst. Coach Neither

Coach Name: _____
Coach Phone: _____

IF NOT ENOUGH COACHES VOLUNTEER, TEAMS WILL BE LARGER RESULTING IN LESS PLAYING TIME.

WAIVER STATEMENT

The undersigned states that he/she understands that the Kingman Recreation Commission (KRC) is not and shall not be responsible for or liable for any illness, injury to person or damage to property resulting from the program in which the undersigned is enrolling or from his/her participating in said program and the undersigned hereby forever releases and holds harmless the said (KRC) from any and all claims of any kind that the undersigned or his/her heirs, executors, administrators or assigns may have or claim to have resulting in any way from his/her participation in said program.

I have read and understand the waiver statement and give permission for participants named above to participate in the Kingman Recreation Commission program stated above.

Signature(s) of: Legal Guardian (Mandatory): _____Date: _____
Printed Names: _____Address: _____
Phone: (H) _____(W)_____(C)_____
Medical Information: _____

Kingman Recreation Commission reserves the right to take photos/videos of all programs and participants and use them for advertisement/promotion. If you have any concerns please contact the Director personally.
email: knrec.office@gmail.com, KRC Website: knrec.org