

KINSTON/LENOIR COUNTY PARKS & RECREATION DEPARTMENT
2012 SPRING SOCCER REGISTRATION FORM
CHECK ONE - AGE CONTROL DATE



BIRTHDATE

- _____ (UNDER 6) 8/1/05-7/31/06
- _____ (UNDER 8) 8/1/03-7/31/05
- _____ (UNDER 10) 8/1/01-7/31/03
- _____ (UNDER 12) 8/1/99-7/31/01
- _____ (UNDER 14) 8/1/97-7/31/99

MAIL FORM WITH FEE:

KINSTON/LENOIR CO. PARKS & RECREATION
405 N. MCLEWEAN STREET
KINSTON, N.C. 28501
ATTENTION: GALEN TREBLE

OR

LEAVE FORM WITH FEE AT:

KINSTON/LENOIR CO. PARKS & RECREATION DEPARTMENT ON
MCLEWEAN STREET

BACK OF FORM MUST BE COMPLETED FOR EACH PLAYER.

REGISTRATION FEE: \$27.00/PER PLAYER MADE PAYABLE TO: KLSA

REGISTRATION DEADLINE:

FEBRUARY 8, 2012

(NOTE: ALL ENTRIES AFTER DEADLINE WILL BE PUT ON A WAITING LIST.)

***COACHES WILL NOTIFY ALL PLAYERS FOR PRACTICE
BY
FEBRUARY 24, 2012***

SCHEDULE FOR FIRST PRACTICE:

SUNDAY, FEBRUARY 26, 2012

SCHEDULE FOR FIRST GAME (FOR ALL PLAYERS)...SUNDAY, MARCH 4, 2012

******* ALL GAMES WILL BE PLAYED ON SUNDAY BETWEEN 1:30 - 4:30 PM******

PLEASE COMPLETE INFORMATION ON BACK

CONTACT GALEN TREBLE @ THE KINSTON/LENOIR CO. PARKS & RECREATION DEPARTMENT IF YOU HAVE ANY QUESTIONS @ (939-3345).

****DID YOU PLAY IN THE 2011 FALL SEASON AT BARNET PARK ? YES NO**

COACH'S NAME: _____

PLEASE PRINT:

CHILD'S NAME: _____ **HOME PHONE:** _____

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

ADDRESS: _____ **BIRTHDATE:** _____

CITY: _____ **ZIPCODE:** _____

SEX: _____ **SOCCER EXPERIENCE** _____

HAVE YOU PLAYED TRAVEL SOCCER IN KINSTON YES _____ NO _____ COACH NAME _____

PARENT'S NAME: _____ **WORK PHONE:** _____

WE HOPE THAT EVERY PARENT OR GUARDIAN WILL VOLUNTEER TO HELP THE LEAGUE IN SOME WAY. PLEASE CHECK ONE OR MORE OF THE ITEMS BELOW. SHOULD YOU LACK KNOWLEDGE OF SOCCER - TRAINING ASSISTANCE WILL BE OFFERED.

COACH _____ **ASST. COACH** _____

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

I/WE THE PARENTS OF THE ABOVE CANDIDATE DO HEREBY GIVE MY/OUR APPROVAL TO HIS/HER PARTICIPATION IN ANY AND ALL ACTIVITIES DURING THE CURRENT SEASON. I/WE DO ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO THE CONDUCT OF THE ACTIVITIES, TRANSPORTATION TO AND FROM THE ACTIVITIES AND I/WE DO HEREBY RELEASE, ABSOLVE, INDEMNIFY AND HOLD HARMLESS THE KINSTON/LENOIR COUNTY PARKS & 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 ANY RESPONSIBILITY FROM ANY PERSON TRANSPORTING MY CHILD TO/FROM THE ACTIVITIES.

SCHOOL: _____

FATHER'S SIGNATURE: _____ **DATE:** _____

MOTHER'S SIGNATURE: _____ **DATE:** _____

COUNTY OF RESIDENCE: _____

CITY OF KINSTON RESIDENT: YES NO