

Kings West Soccer Club 2010 Summer Registration Form

www.kingswestsoccer.ca

Completed forms (with payment attached) may be dropped off at the Indoor Soccer Facility on Park St., Kentville or mailed to: KWSC Registration, P.O. Box 664, Kentville, B4N 3X9

Circle applicable age group according to year of birth:

U-4 & U6 (2004-2006) - \$ 55.00

U-12 (1998/1999) - \$145.00

U-16 (1994/1995) - \$145.00

U-8 & U10 (2000-2003) - \$ 95.00

U-14 (1996/1997) - \$145.00

U-18 (1992/1993) - \$145.00

The Kings West Soccer Club strives to ensure that there is a proper balance between players and coaches. Payment of fees does not guarantee that your son/daughter will be placed on a team, especially in the mini program. We encourage parents to take an active participation in your soccer club/teams. Coaching clinics are available for those who choose to be active participants. Accepted numbers will otherwise be limited to available coaches. For more information on coaching contact kingswestsoccer@gmail.com

REGISTRATION CONDITIONS:

Teams will be selected on a community basis where numbers allow.

The Kings West Soccer Club will do it's best to accommodate every interested player. However, if you have not registered by **April 30/10** a placement cannot be guaranteed.

Players are not considered registered unless payment is received.

Payment and Additional Information:

- ❖ Make cheques payable to **Kings West Soccer Club**. A separate **cheque must** be included for a Jersey Deposit of \$40.00 (**Post dated to Sept 19/10**). **If the Jersey is not returned, the post-dated cheque will be cashed on Sept 19/10.**
- ❖ NSF cheques entail a \$25 administration fee.
- ❖ **Family Rate** - Oldest two players pay full rate, all others pay half the applicable rate.
- ❖ **Mandatory** equipment: All players must wear a safe pair of soccer shin pads.
- ❖ **Late** Registration fee of **\$25.00** will be applied after April 30, 2010. Late payment will be strictly enforced.
- ❖ **Players must** register according to their birth year.
- ❖ No registration or refunds given after June 15, 2010. **A \$20.00 cancellation fee will be charged after April 30, 2010.**

Player's First Name _____ Initial _____ Last Name _____

DOB – (M/D/Y) _____ (M/F) _____ NS Health Card # _____

Parent/Guardian Name _____ Phone # _____

Address (with P.C.) _____

Email Address _____ Emergency contact _____

Medical Awareness Information _____

I would like to tryout for the U10 High Performance team _____ YES _____ NO

I am willing to volunteer (please check): Coach _____ Asst. Coach _____ Manager _____

FOR CLUB USE ONLY

Registration fee \$ _____ Late fee \$ _____ Discount \$ _____

Amount of cheque \$ _____ Cheque # _____ Receipt # _____

Name on cheque: _____ Signature of official: _____

Shirt Deposit: _____



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ASSUMPTION OF RISK AND AGREEMENT TO ABIDE BY SNS AND CLUB BYLAWS, POLICIES, AND PROCEDURES

ASSUMPTION OF RISK

There is a potential risk for injury involved in training and participating in any sport. Soccer Nova Scotia has tried to create a safe and controlled environment for safe participation. The Club and officials have established rules in conjunction with the governing body for participation and conduct on and about the area that should be followed.

X _____ X _____

PARTICIPANT'S SIGNATURE (if 18 or older)

PARTICIPANT'S NAME AND AGE

X _____ Date Signed: _____

WITNESS (if 18 or older)

AGREEMENT TO ABIDE BY SNS AND CLUB BY-LAWS, POLICIES AND PROCEDURES

I agree to abide by Soccer Nova Scotia and the Kings West Soccer Club's by-laws, policies and procedures at all times.

X _____

PARTICIPANT'S SIGNATURE (if 18 or older)

X _____ Date Signed: _____

WITNESS (if 18 or older)

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, on behalf of the participant, do consent and agree to the assumption of risk and agreement to abide by Soccer Nova Scotia and Kings West Soccer Club's by-laws and policies and procedures.

X _____

PARENT/GUARDIAN SIGNATURE

PARTICIPANT'S NAME AND AGE

EMERGENCY PHONE #

X _____

WITNESS

DATE SIGNED

