Session 1 2008 Soccer
INDIVIDUAL REGISTRATION

Experience: Recreational __Competitive __ Yrs of play___
Interested in: Ref **Interested in (Adult):** Coaching
Name: _____
Address: _____
City, Zip: _____
Phone: _____
E-Mail:_____
Birth Date: ___/___/___ **Sex:** ___ **Age:**____
Shirt Size: Youth OR Adult **S M L XL**

U-8: 8/1/00 - 7/31/02 **U-10: 8/1/98-7/31/00**
U-12: 8/1/96 - 7/31/98 **U-14: 8/1/94 - 7/31/96**
U-16: 8/1/92 - 7/31/94 **U-19: 8/1/89 - 7/31/92**
Over 30 born on or before 7/31/78
Men's over 30 **Coed over 30** **Women's over 30**
Open born on or before 7/31/90
Coed Open **Men's open**

Kicks & Sticks reserves the right to combine Leagues and move teams between divisions as needed between sessions.

WAIVER-EXCLUSION CLAUSE - I, the undersigned parent/guardian/participant, in enrolling at Kicks & Sticks, understand that he/she/I in attending any sports program and using the facilities does so at his/her/my own risk. Kicks & Sticks, and its owners, employees and agents shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant and his/her/my family in or about any program on the premises. Participants and parents assume full responsibility for all injuries and damages which may occur on the premise and he/she/I do or does hereby fully and forever release, discharge and hold harmless Kicks & Sticks, all associated facilities, and its owners, employees, agents from any and all claims, demands, damages, rights of action, present or future resulting from or arising out of any person's participation in any program or use of its facilities. In addition, I agree to follow the rules of play and conduct set by Kicks & Sticks. I understand that my failure to do so may result in suspension from participation.

CONSENT - I, the undersigned parent/guardian of participant listed above hereby grant authority to the staff of Kicks & Sticks to render judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence.

_____
Parent/guardian if under 18 date

_____
Adult Player or 2nd parent/guardian date
Health Insurance: _____
Policy Number: _____
Emergency Contact Person:_____
Phone: _____

Make $95 check payable to:

Kicks & Sticks
P.O. Box 698
Brighton, Mi 48116

---------- Office Use Only ----------
Amt: ____ Ck: _____ Date: _____ Initials:_____ Comp: _____

Indoor Soccer

Session 1 2008

FINAL SIGN UP October 22, 2008
Schedules Available to coaches……10/27/08
Games begin the week of……11/2/08

Kicks & Sticks

P.O. BOX 698
BRIGHTON, MI 48116
(517) 545-7778

IMPROVE YOUR SKILLS

Fee includes 8 game schedule & T-shirt.

GREAT COMPETITION
GOOD SPORTSMANSHIP
LOTS OF FUN !

Kicks & Sticks

WE INVITE YOU TO OUR SPORTS ARENA & TO BE A PART OF THE EXCITEMENT OF

INDOOR SOCCER

INDIVIDUAL PLAYER REGISTRATIONS ACCEPTED THRU 10/22/08

TO REGISTER:

COMPLETE THE ATTACHED FORM AND RETURN WITH $95 PAYMENT by 10/22/08

IN-HOUSE TEAMS will be formed on the basis of interest in age groups and availability of coaches. Individuals will be assigned a team based on age, sex and level of ability.
Players will be contacted by coach after 10/22/08 with team assignment and dates of scheduled games.

***Full refund if no team assignment is available.**
No Refund or Transfer if team assignment is available.
Fee includes 8 game schedule and a T-shirt.

$30 fee for returned checks

SIGN UP NOW !