

KINGMAN-NORWICH NEW DIVISIONS
RECREATION COMMISSION

Proudly Presents

Soccer '12



FEE: \$25.00/child (includes team t-shirt)

After Deadline: \$35.00/child

Deadline: Monday, February 27 @ 5:00 p.m.

Last Day for Entries: Friday, March 2 @ 5:00 p.m.
(last day to signup and guarantee a spot on team)

Season Dates: March 31 April 14,21,28 May 5
If games are cancelled due to weather they will be made up during the week. Norwich return registrations to Norwich Rec. Center or Norwich School Office

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 KNRC office by deadline to avoid any late fees.

CHANGES FOR 2012:

- Going by age, not Grade.
- Must be 5 yrs old and NOT older than 13 by March 31, 2012.

2012 Youth COED Soccer Signup

- *MUST BE 5 YRS OLD BEFORE MARCH 31, 2012**
- *CANNOT BE 13 BEFORE MARCH 31,2012**

Participant NAME: _____ D.O.B.: _____ Age (as of May 5, 2012): _____ Gender: M F

Shirt Size: YS YM YL AS AM AL AXL *Late Registrations: Shirt may not be available by first game.

Parents: Please circle one. COACH: Yes No OFFICIATE: Yes No

WAIVER STATEMENT

The undersigned states that he/she understands that the Kingman-Norwich Recreation Commission (KNRC) 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 (KNRC) 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-Norwich Recreation Commission program stated above.

Signature(s) of: Legal Guardian (Mandatory): _____ Date: _____

Printed Names: _____ Address: _____

Phone: (H) _____ (W) _____ (C) _____

Medical Information: _____

I authorize the KNRC to use at its discretion any photograph(s) taken of participants while participating in KNRC programs and activities in marketing in print or by electronic means. YES _____ NO _____
email: rec@knrc.kscoxmail.com, KNRC Website: knrec.org