

MILWAUKEE KICKERS SOCCER CLUB

KICKER PLAYER REGISTRATION 2017-2018

PLEASE PRINT ALL THE INFORMATION WHEN FILLING OUT REGISTRATION

Last Name _____

First Name _____ Sex M F

Check here for new address.

Street Address _____

Zip _____ City _____

Telephone _____ Birth Date _____

School _____ Grade (Sept.) _____

Mother's Birthdate _____

Medical Problems _____ Years Played Soccer _____

Parent Comments _____

Check here if there are siblings registered to play.

CHECK PAYABLE TO			
MILWAUKEE KICKERS SOCCER CLUB, INC.			
Player Placement Area:	Birthdates	Regional Fee	
U6 (K4 & K5)	1/1/12 - 12/31/12	\$85	+ \$ _____
U7 (K5 & 1)	1/1/11 - 12/31/11	\$125	+ \$ _____
U8 (1 & 2)	1/1/10 - 12/31/10	\$135	+ \$ _____
U9 (2 & 3)	1/1/09 - 12/31/09	\$145	+ \$ _____
U10 (3 & 4)	1/1/08 - 12/31/08	\$145	+ \$ _____
U11 (4 & 5)	1/1/07 - 12/31/07	\$150*	+ \$ _____
U12 (5 & 6)	1/1/06 - 12/31/06	\$150*	+ \$ _____
U13 (6 & 7)	1/1/05 - 12/31/05	\$150*	+ \$ _____
U14 (7 & 8)	1/1/04 - 12/31/04	\$150*	+ \$ _____
U15 (8 & 9)	1/1/03 - 12/31/03	\$100	+ \$ _____
U16 (9 & 10)	1/1/02 - 12/31/02	\$100	+ \$ _____
U17 (10 & 11)	1/1/01 - 12/31/01	\$100	+ \$ _____
U18 (11 & 12)	1/1/00 - 12/31/00	\$100	+ \$ _____
U19 (12 & up)	1/1/99 - 12/31/99	\$100	+ \$ _____

Request CBIs only team.

*Also includes paid referee fees for league games U9-U14 and assistant referee fees for U11-U14 select games.

Father's (or Guardian's) Name _____

Father's Type of Work _____

Mother's (or Guardian's) Name _____

Mother's Type of Work _____

Father's Place of Employment _____

Father's Business Area Code + Phone _____

Mother's Place of Work _____

Mother's Business Area Code + Phone _____

Parent's E-mail (Req'd) _____

Medical Information:

1) Allergies: _____

2) Medical Insurance

a) Name _____

b) Policy # _____

c) Group # _____

d) Policy Holder _____

ALL FEES INCLUDE: individual referee*, team ball, team medical bag, individual USYS/AAUYS/AAUYS registration, secondary medical insurance, continuing education clinic for team coach, player clinic, federal league priority placement at U16/U19 Kicks and Fall 0th game* played indoor.

* Not included for select players or U19 and above players.

RELEASE AND WAIVER

I, the parent/guardian of the registrant, a minor, agree that I the participant will abide by the rules of the USYS/A, Milwaukee Kickers Soccer Club, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS/A, accepting the registrant for its soccer programs and activities (the "Program"), I hereby release, discharge and/or otherwise indemnify the USYS/A, Milwaukee Kickers Soccer Club, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, collectively the "Released Parties", against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, while transportation I hereby authorize. I understand that participation in soccer involves the risk of serious injury, including permanent disability and death, and various social and economic losses that might result not only from the participant's actions but the action or inaction of others, including the "Released Parties."

X Signature of Parent/Guardian _____ Date _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-named player, I hereby give consent for medical care by a duly licensed Doctor of Medicine, Doctor of Dentistry, Paramedic, or Certified Athletic Trainer of the official sports medicine center of the Milwaukee Kickers. The care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

X Signature of Parent/Guardian _____ Date _____

Addendum only for those players having sustained a possible concussion or head injury:

On _____ (Date) my player sustained a possible concussion or head injury. He/She has been examined by a trained medical professional and has been cleared to participate in soccer activities as of _____

X Signature of Medical Professional _____ Date _____

- PARENTAL SUPPORT: MUST CIRCLE THREE**
- Milwaukee Kickers is primarily a volunteer organization. Parental Participation is essential to maximize the positive experience of all our players. Training will be provided as needed. **Circle all areas that you would be interested in.**
- | | | |
|--------------------|------------------|--------------------|
| 1. Coach | 5. Registration | 9. Field Prep. |
| 2. Assistant Coach | 6. Fundraising | 10. Tournaments |
| 3. Manager | 7. Clerical Work | 11. Special Events |
| 4. Referee | 8. Publicity | 12. Board Member |

REFUND POLICY: NO REFUNDS

FOR CLUB USE ONLY (to be filled out by the Region Registrars)

Date _____ Age Level U- _____

Region _____ Check Number/Cash _____ Age Verification _____