



CARPATHIA KICKERS DEVELOPEMENTAL LEAGUE
SPRING 2016 Season (Beginning the End of April)
AGES 3 THOUGH 8
REGISTRATION DEADLINE April 1, 2016

One Child Per Form

Player Name: _____

Address: _____

Birth Date: _____ Age: ____ Sex: M/F

Last Season's Coach: _____ Returning Player: Yes/No

Any special needs, allergies, or medical conditions: _____

Preferred Coach or player you would like your child to play with: _____

Parent/Guardian Information

Father: _____ Mother: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

If you are interested in being a Coach, Asst. Coach, or have any questions:

Please contact Bridget Huesgen at (586)630-6905 b.huesgen0269@gmail.com
Keith McVettie (586)873-0609 mcvettiek@gmail.com

\$65.00 PER PLAYER/\$40 PER ADDITIONAL SIBLING – includes 8 games, uniform, pizza party and participation trophy. Mail payment and form to: Carpathia Kickers KDL 38000 Utica Rd, Sterling Heights, MI 48313

UNIFORM SIZE: YXS YS YM YL AS (please circle)

Check # _____ Amount: _____

Liability Waiver: As the parent/guardian of the player, a minor, I agree that the player and I will abide by the rules of the United States Soccer Federation, its affiliated organizations and sponsors. In consideration for the USSF and the Carpathia Kickers soccer program. I hereby release, discharge and/or otherwise indemnify the USSF and the Carpathia Kickers their affiliated organizations and sponsors, including owners of fields and facilities utilized in the program, against any claim by or on behalf of my son/daughter as a result of his/her participation in the program. I further grant permission for emergency first aid to be given to this minor and for him/her to be taken to the emergency room of a nearby hospital in the event of a serious injury. Permission is granted to the hospital and its staff to provide any treatment that a physician deems necessary for the well-being of this minor.

Parent/Guardian Signature: _____ Date: _____