

**CDA RECREATION DEPARTMENT
2014 FALL MINI KICKERS SOCCER**

Name: _____ Phone: _____

Address: _____ City/Zip: _____

Parents names: _____

Boy: _____

Age on September 6

3

4

5

Girl: _____

YXS

YS

YM

Shirt size:



E-mail: _____

Do you currently receive emails from us regarding upcoming activities? Yes _____ No _____

If not and would like to please see below:

PRINT NAME: _____ EMAIL: _____

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rule of the Cd'A Rec. Dept., its affiliated organizations, and sponsors. Recognizing the possibility of injury associated with SOCCER, I hereby release, discharge and/or indemnify the Cd'A Rec. Dept, its affiliated organizations, and sponsors, their employees and associated personnel against any claim by or on behalf of the registrant as a result of participation in this activity.
CONSENT FOR MEDICAL TREATMENT (MINOR): As the parent/legal guardian I give my consent for emergency medical care prescribed by a duly licensed doctor of medicine/dentistry. This care may be given under whatever conditions necessary to preserve life, limb, or well being of my dependent.

PARENT SIGNATURE: _____ FEE: \$30.00
----- CASH OR CHECK C
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MINI KICKERS SOCCER

SESSION DATES: Sept.6 Sept.13 Sept.20 Sept.27

Program consists of 4 one hour sessions on Saturday mornings.

TIME: 10:00 - 11:00 AM LOCATION: Woodland Soccer Fields - 2101 St. Michelle

BRING: Size 3 soccer ball & water bottle. Shin guards & cleats are **not** required.



Parents are encouraged to participate with their children in this program.
Training is facilitated by a lead instructor and parent volunteers.

Program will be visited by Sting and NIC players.

EACH PLAYER RECEIVES A T-SHIRT.

Group Instructor

ONLY