CDA RECREATION DEPARTMENT
2018 SPRING MINI KICKERS SOCCER

Name: _____ Phone: _____

Address: _____ City/Zip: _____

Parents names: _____

Boy: _____ Age as of April 14

Girl: _____

3	4

Shirt size:

YXS	YS	YM

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: $35.00

cut

MINI KICKERS SOCCER

SESSION DATES: Apr.7 Apr.14 Apr.21 Apr.28

Program consists of 4 one hour sessions on Saturday mornings.

TIME: 9:00 - 10:00 AM LOCATION: Coeur d'Alene Soccer Complex - located next to Skyway Elementary

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 _____