

KITTERY COMMUNITY CENTER 2020 INDOOR SOCCER

Indoor Soccer is a 6-week program. All games will be played in the gym at the KCC except for 4/18. Games on the 18th will take place at one of the local schools.



Pee Wee & K-2nd Grade

Who: Children ages 3 & 4 & K – 2nd grade
Where: KCC Gymnasium
When: Saturdays March 21st – April 25th
Cost: \$47 registration through February 29th
add \$10 non resident
\$57 registration by March 7th
Add \$10 non resident
\$67 after March 7th on a space
available basis. Add \$10 non resident.

For more information or questions, Please contact Kyle Cook at the Kittery Community Center
207-439-3800 or kcook@kitterycommunitycenter.org

REGISTRATION FORM ON REVERSE SIDE



 York
Hospital



Kittery Community Center 2020 Indoor Soccer Registration Form



<input type="checkbox"/> \$47/child Through February 29 th / Add \$10 non-resident	<input type="checkbox"/> \$57/child if registered by March 7 th / Add on \$10 non-resident	<input type="checkbox"/> \$67/after March 7 th on a space available basis / Add on \$10 non-resident
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Please Check One

<input type="checkbox"/> Pee Wee (Ages 3-4) Saturdays March 21-April 25	<input type="checkbox"/> Nippers 5yrs – 1 st Grade Saturdays March 21 – April 25	<input type="checkbox"/> Juniors 2 nd Grade Saturdays March 21 – April 25
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Please print the following information about your child:

Child's name: _____	M or F _____	Date of Birth: / /	Grade _____	Shirt Size _____
Parent 1:	Cell phone: _____	Work Phone: _____		
Parent 2:	Cell phone: _____	Work Phone: _____		
Street Address: _____	City: _____			
Cell Phone Carrier: _____	Email Address: _____			

Please provide us with any medical conditions, allergies, or other pertinent information:

*This is a parent run program requiring volunteers to help keep the league running. If you are interested in helping, please check the appropriate box. Thank you in advance for your help. **VOLUNTEER COACHES NEEDED!***

COACH

ASSISTANT COACH

Volunteer's Name _____

WAIVER: I understand that this league does not provide insurance, and I must supply health coverage for my child. I give my permission for my child to be treated by a medical professional in the event of an emergency. I hereby waive, release and discharge the Kittery Community Center, Kittery Community Center Employees, Town of Kittery, Town Employees, and all volunteers, from all liability that may arise from any injury to my child/children. I further agree for my child/children and myself, in the event my child/children is/are injured while participating in said activities, to indemnify and hold harmless the organization and its participants.

My insurance carrier is _____ Policy # _____

Signed by parent _____ Date _____

I understand that photos of the team/my child will be taken. These photos will be the property of the Kittery Community Center and may be used to promote the soccer program.

Signed by parent _____ Date _____

**PLEASE RETURN THIS REGISTRATION FORM (sorry, no telephone registrations)
ALONG WITH YOUR CHECK PAYABLE TO KITTERY COMMUNITY CENTER TO:**

**Kittery Community Center,
120 Rogers Road, Kittery, ME 03904**

Date Paid _____	Amount \$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____
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