

LONDON KIWANIS TAKACS SOCCER PROGRAM

Open to all London and surrounding area boys and girls in grades 1 through 8 not on a club or school team.. Matches are played weekly on Sunday afternoons at St Patrick's School from the **September 8th to October 27th** and possible extra day of week @ West Jeff and Jonathan Alder. Practices are held twice weekly at Coaches discretion for days and times.

This Registration form must be received, along with the league fee **by AUGUST 4th** to insure your child's participation. Cost is \$30.00 for ONE child, \$10.00 for each additional child in the same immediate family.

Please make checks payable to:
LONDON KIWANIS CLUB

MAIL Registrations to: **Jeff Stiffler**
1406 Itawamba Trl
London, Oh 43140
740-852-5540

-----<Cut here and send bottom portion with your league fee>-----

Child's Name: _____ Sex: _____ Grade: _____

Address: _____ Phone: _____ - _____

Previous Years of Soccer Experience: _____ In the Kiwanis League: _____

Last Team played with: _____ Coach: _____

Email Address: _____ Text #: _____

Medical Information and Release Form

Release: My child has my express permission to participate in the London Soccer Program. I will not hold the Board, Officers, Sponsoring Organizations, Coaches, Referees or Facility locations responsible for any injuries in connection with the soccer program.

Emergency Medical Authorization: In the event that reasonable attempts to contact us have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by our Physician, or Dentist, or in the event the designated Physician or Dentist is not available, by another licensed Physician or Dentist, and the transfer of the child to the preferred hospital or any hospital reasonably accessible. This authorization does not cover major surgery, unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery. Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted are listed below:

1st CONTACT: (Parent or Guardian)
NAME: _____
PHONE: _____

2nd CONTACT:
NAME: _____
PHONE: _____

Preferred Physician and Phone: _____

Preferred Dentist and Phone: _____

Preferred Hospital: _____

Parent or Guardian Signature: _____ Date: _____

Yes! I (we) would like to help with the following: _____ Coaching _____ Refereeing

Name(s): _____

Contact: Jeff Stiffler 740-852-5540 website: www.londonsoccer.org Email: londonsoccer@aol.com
Like us on Facebook for all the updated Soccer info: facebook.com/londonsoccer