

# Ellis Rec.'s Little Kickers Instructional Soccer

## Registration Form

This program prepares children for organized soccer in a fun environment. The children and their parents will learn together skills like kicking, dribbling, trapping, throw-ins and agility. This is a great way to introduce soccer at a young age! This is not a league – therefore there are no coaches, practices, etc. We meet once a week for 45 minutes to learn the basics of soccer. Registration is on a first come, first served basis. When the class roster is filled, registration will be closed.

### Registration Deadline: February 5, 2020

Fee: \$20.00  
Class: Feb. 17, 24, Mar. 2, 9  
Time: 6:15-7:00 p.m.  
Ages: 4-year old (by Feb. 5, 2020)  
Location: Ellis Old High School  
Limitations: Max. 10



*\*Don't Forget: You can register online!\**

**REGISTRATION DEADLINE FEBRUARY 5, 2020**

Print Child's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Male Female  
(as of Feb. 5, 2020)

Print Father's Name \_\_\_\_\_ Wk# \_\_\_\_\_

Print Mother's Name \_\_\_\_\_ Wk# \_\_\_\_\_

Emergency contact: please list someone other than parent/legal guardian who can be contacted in case of emergency.

Name \_\_\_\_\_ Home phone \_\_\_\_\_ Wk # \_\_\_\_\_

Relationship to participant \_\_\_\_\_ List any medical conditions if any: \_\_\_\_\_

**CONSENT FOR EMERGENCY MEDICAL AND DENTAL CARE:** I appoint the ERC staff, instructors, and volunteers as my agent and representative for the purpose of authorization of emergency medical and dental treatment deemed necessary by duly credentialed physician, dentist, or health care provider. My consent authorizes ambulance service, admission to a hospital, examination (to include X-rays), anesthesia, the use of drugs and medication, and necessary surgery recommended by such medical personnel for the purpose of saving life or to reduce further injury and harm. I acknowledge that payment of such medical treatment is my obligation and that such treatment will be sought only in the event of an emergency. **WAIVER RELEASE STATEMENT:** As a participant in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including loss of life, damages or loss which I may sustain as a result of participation in any and all activities connected with or associated with such program. I further agree to waive and relinquish all claims, full release and discharge and agree to indemnify and hold harmless and defend the ERC and its officers, agents, servants, and employees from any and all claims resulting from injuries, including loss of life, damages, and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program. The undersigned and participant authorize the ERC to use at its discretion any photograph(s) taken of the participant while participating in any activity and waive any and all claims that the participant or the undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph(s) or reproductions thereof. The undersigned and participant authorize the ERC to use at its discretion any photograph(s) taken of the participant while participating in any activity and waive any and all claims that the participant or the undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph(s). **I, the Parent/Legal Guardian** of the above named participant have read and understand the "Consent for Emergency Medical and Dental Care" and the "Waiver Release Statement." I agree to abide by all policies and guidelines set forth by the ERC regarding this program.

Signature of parent or guardian: \_\_\_\_\_

E-mail address of parent or guardian: \_\_\_\_\_



**Please Return Form to:** Ellis Recreation Commission, 1204 Washington, Ellis, Kansas 67637  
 Phone: (785) 726-3718 OR the Drop Boxes located in the Schools.

**FOR OFFICE USE ONLY:** Pd \_\_\_\_\_ SCH \_\_\_\_\_ W \_\_\_\_\_ Date \_\_\_\_\_

Cash Check Credit \_\_\_\_\_ Amt. \$ \_\_\_\_\_ Name: \_\_\_\_\_

**Little Kickers 2020**