

KLEIN SOCCER CLUB
P.O. BOX 11973
SPRING, TX. 77391

PHONE: 281-320-2211

www.kleinsoccerclub.org

SELECT REGISTRATION FORM

Fee for Division 2 is & 85.00/player

Fee for Super 2 is \$60.00/player

Select Team Name: _____

Select Coach Name: _____

Child's name: _____ Coach: _____

Address: _____ City: _____ Zip: _____

Home #: () _____ Birthday: _____ Sex: male female

Father's name: _____ Office: () _____

Mother's name: _____ Office: () _____

School: _____ Subdivision: _____

Email Address: _____

LAST PLAYED SOCCER AT KSC: SPRING FALL OTHER NEVER

I, the parent/guardian of the registrant, a minor, agree that I, and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in considerations for the hereby release, discharge and/or otherwise indemnify the Usysa, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

Printed name: _____

Parent/legal guardian

Signature: _____ Date: _____

Birth cert. _____ Registration fee: \$ _____ Check #: _____