



Kings Park Soccer Club

P.O. Box 195
 Kings Park, N.Y. 11754
 (631) 265-6390
 WWW.KPSC.ORG

Intramural / Interleague Registration

Uniforms are not included in Registration Fee

Fee Includes Award

CHILD'S NAME - LAST		FIRST	TELEPHONE #
FIRST NAME (Father)		FIRST NAME (Mother)	
STREET ADDRESS			
TOWN		ZIP CODE	
FAMILY DOCTOR'S NAME & ADDRESS			
BIRTH DATE	BOY <input type="checkbox"/>	GIRL <input type="checkbox"/>	MEDICAL LIMITATIONS - Please specify
PREVIOUS EXPERIENCE? IF YES WHICH PROGRAM?		LAST SEASON PLAYED	NO. OF SEASONS
YES <input type="checkbox"/> NO <input type="checkbox"/> KPSC <input type="checkbox"/> OTHER _____		FALL <input type="checkbox"/> SPRING <input type="checkbox"/> YEAR _____	PLAYED _____
COACH AND/OR PREVIOUS TEAM NAME			
SCHOOL NAME		GRADE Next Playing Season	
Request Car Pool With _____ (name one player only) - CARPOOL CONSIDERED - NOT GUARANTEED			

OFFICIAL USE ONLY

Amt.Pd. \$ _____
Check <input type="checkbox"/>

Cash <input type="checkbox"/>

Date Received _____

Received By _____

Registration Fee

- Cubs (Pre-K) \$40.00
 Bears (K) \$45.00
 Bantams (1st & 2nd) \$50.00
 Interleague (3rd & up) \$50.00

Name of present Family Medical Insurance Carrier _____

I as a parent and/or guardian understand and agree that, unless I have expressly notified the KPSC of and physical handicaps, they may assume the registrant to be in good physical condition and able to participate in activities without limitations.

I am responsible for providing transportation to and from all games and practices.

I will accept responsibility for abiding by all the rules and regulations of KPSC.

_____ Date _____
 Parent's or Legal Guardian's Signature

KPSC runs on Volunteer Power. Please indicate preferred area of participation							
Tasks	Coach	Asst. Coach	Fund Raising	Trophy & Picture Night	Registration	Soccer Day	Field Maintenance
FATHER							
MOTHER							
LAST NAME					TELEPHONE #		