



Kalispell Kickers

Kalispell Kickers Soccer is an indoor, non-competitive, introduction to soccer for boys and girls. Games are once a week and played for fun and instructional purposes only. There are no other practices scheduled. Each game day will have two parts, an instruction/practice period and a scrimmage period.

- AGE:** (Kindergarten), (1st and 2nd Grade), (3rd and 4th Grade)
- DATE:** February 2 – March 9, 2018
- COST:** \$32 (early) \$42 (regular) **includes t-shirt
- TIME:** One hour a day on Saturdays between 9 am – 5 pm
- LOCATION:** Stillwater Christian School
- INFO:** Phone: 758-7717 Fax: 758-7719 E-Mail: mfreidline@kalispell.com
- COACHES:** PLEASE consider being a coach or an assistant coach, indicate on the registration below. A \$10 credit certificate will be issued to you at the end of the season for your volunteer efforts.

No Cleats – Please wear a sturdy pair of non-marking gym shoes.

Shin Guards are mandatory.

Early registration deadline ends January 4. Regular registration deadline is January 18.

Please make checks payable to Kalispell City Parks and Recreation (KPR). Registrations can be mailed to P.O. Box 1997, Kalispell, MT 59903 or dropped off at 306 First Ave. East.

Your program information will be emailed by January 25.

Kalispell Kickers 2019 Registration

E-Mail Address (please print legibly) _____

Child's Name _____ Gender _____ Birth Date _____ Age _____

Parent or Guardian (print) _____

Address _____ City _____ Zip _____

Phone 1 _____ Phone 2 _____

T-Shirt size (circle) Youth: XS S M L XL Adult: S M L

School _____ Buddy Request _____

Medical Information we need to know about _____

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

By signing this registration you are agreeing to the waiver and parent pledge found on the reverse side of this registration form. Check the following box if you do not want us to use photographs for advertising purposes.

YES - I will help Coach Assistant Coach

Name _____ Phone _____

Address _____

City _____ Zip _____

For Office use Only

Receipt #	
Amt pd	Scholar \$
Date Received	
By	



Waiver

I, the parent/guardian of the participant named on this registration, hereby give approval for my child to participate in Kalispell Kickers Soccer and assume all risks and hazards incidental to the conduct of the activity, including travel to and from.

I hereby release, absolve, indemnify, and hold harmless the City of Kalispell, School District #5, the organizers, sponsors, supervisors, employees, representatives, and any or all of them for any injuries my child may sustain as a participant in Kalispell Kickers Soccer. (All participants are involved at their own risk. Any registration fee paid does not provide insurance).

Parent Pledge

1. I pledge to have my child to every game day on time so that he/she may properly warm up and to give respect to the coach for his/her efforts.
2. I pledge to encourage my child to do his/her best at all times because children are born with different abilities and a true measure is not how my child compares to others but how he/she is doing in comparison to his/ her best efforts.
3. I pledge to honor the game by setting a good example of sportsmanship for my child to follow.
4. I pledge to let the coach do his/her job by not yelling out instructions to my child and to keep negative comments to myself.
5. I pledge to channel any concerns in a positive manner.