



DUE 2/17/23

IDA GROVE KIWANIS SPRING 2023
SOCCER REGISTRATION AND MEDICAL INFORMATION
(All fields are required to complete registration)



Player's Section:

Player's Name: _____ Full Address: _____

Player Shirt Size (Circle One): Youth Y-XS Y-S Y-M Y-L **Adult** S M L XL

Current Grade: _____

____ Male ____ Female Birthdate (MM/DD/YYYY) _____ I am interesting in learning more about Kiwanis in my community! Y / N () Ida Grove () Holstein _____ (your name and phone number)

Allergies: _____ Medications: _____

Medical Problems/Activity Restrictions: _____

Family Doctor: _____ Family Doctor Phone Number: _____

In Case of Emergency, Contact:

Parent/Guardian Name: _____ Other Contact Name: _____

Full Address: _____ Full Address: _____

Contact Telephone: _____ Contact Telephone: _____

Grouping Requests

The player cannot be more than 1 year younger than the minimum age of the other player's team. Grouping requests should be for family or transportation reasons only! Add the name of the older player below that you are requesting this player be grouped with. (Grouping is not guaranteed)

Older Player Name

Preferred Practice Location: () Ida Grove – () Odebolt – () Holstein *not guaranteed – we will do our best
Other locations could be available – based on player availability.

Parent/Guardian Section:

I/We can assist in coaching my child's team (YES)/(NO) Name(s) _____ Free Coach Shirt Size(s) _____
(coach will be selected by Soccer Committee - if not selected you will owe difference)

I/We would like to order team merchandise matching my child's team shirt (YES) / (NO)
Color/Sponsor Logo will match the team shirt. **See Attached Form (Color/Sponsor Logo section)**



I/We would like to sponsor my child's team: (YES) / (NO) **See Attached Form**
(Corporate logo on the front of team shirt - \$150.00 per team)

READ CAREFULLY BEFORE SIGNING-CHILDREN AND PARENT LIABILITY WAIVER, MEDICAL AUTHORIZATION & PHOTO RELEASE

I/We understand that soccer, like most sports, has a risk of harm, from contact with the ball, other persons and objects, falling, strenuous activity and other causes, including SARS-CoV-2. I/We, the parent(s) or guardian(s) of the child named above, hereby give my/our approval for the child's participation in all Ida Grove Kiwanis Soccer Program activities. I/We assume all risks and hazards incident to participation by us and our child, whether as coach, volunteer, helper, spectator, referee, player, or otherwise, including transportation to and from activities. I/We hereby waive, release, absolve, indemnify and agree to hold harmless the City of Ida Grove, the organizers, members, supervisors, participants, donors, sponsors, coaches, managers, referees, volunteers, the Ida Grove Kiwanis Club, Kiwanis International, OABCIG Schools, all persons or groups providing places for practices or games, and persons transporting my/our child or me to and from activities, for any claim for damages or any claim arising out of injury or death to my/our child or me, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. If the child named above or me becomes ill, or is injured, at any time, you may contact the persons listed above at the telephone numbers indicated. I/We hereby give my/our permission to send my/our child or me to a doctor, hospital, or other medical provider for treatment. I/We further give the doctor, hospital or other medical provider permission to administer needed medical and other services for my/our child or me, and authorize such medical and surgical services as to such doctor, hospital or other medical provider appears necessary or desirable. I/We will be responsible for the cost of all treatment and services. If only one parent signs, that parent has legal custody of the child or legal authorization to sign on behalf of both parents. I/We authorize the Ida Grove Kiwanis Soccer Program to take pictures of individual players or teams and to publish these pictures in print or online in their original or altered format for advertising, marketing or any other purpose to advance or publicize the program. I/We waive the right to royalties or other compensation arising from the use of these images. I/We hereby hold harmless and release and forever discharge Ida Grove Kiwanis Soccer, City of Ida Grove, the organizers, members, supervisors, participants, donors, sponsors, coaches, managers, referees, photographers, volunteers, the Ida Grove Kiwanis Club, Kiwanis International, OABCIG Schools, from all claims, demands and causes of action which I/we, my heirs, representatives, executors, administrators, or any other persons acting on my/our behalf of my/our estate have or may have by reason of this authorization.

Date: _____

Date: _____

Father's Signature: _____

Mother's Signature: _____

Print Father's Name: _____

Print Mother's Name: _____

Phone Number: _____

Phone Number: _____

Email Address: _____

Email Address: _____

All medical expenses incurred are solely the responsibility of those participating in the program in any capacity.

Return by February 17th with registration fee (see page 3 for fees). Late registration will be \$45/player and will not guarantee a team shirt.