

# KANGAROOS SOCCER



## REGISTRATION FORM

### PARTICIPANT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Tshirt Size \_\_\_\_\_  
School \_\_\_\_\_ Club Team \_\_\_\_\_  
Allergies \_\_\_\_\_ Medical Conditions \_\_\_\_\_

### PARENT/GUARDIAN and EMERGENCY INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Cell Phone( ) \_\_\_\_\_ Home Phone( ) \_\_\_\_\_  
Work Phone( ) \_\_\_\_\_ Email \_\_\_\_\_  
Name of emergency contact: \_\_\_\_\_  
Relationship to participant: \_\_\_\_\_  
Cell Phone( ) \_\_\_\_\_ Home Phone( ) \_\_\_\_\_

### RELEASE STATEMENTS

I, \_\_\_\_\_(parent/guardian), give my child, \_\_\_\_\_permission to participate in Kangaroos Soccer, LLC. I have no knowledge of any physical or mental impairments that would affect him/her from participation in the training. I give permission for my child to be given emergency treatment at a local hospital if deemed necessary. Upon signing, I agree that in case of an accident during training, I accept full responsibility for any and all liabilities, and release Kangaroos Soccer, and all of the training staff, and any facilities used during training from any liability.

Signature of Parent/Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature of Participant(18+): \_\_\_\_\_

I give permission to Kangaroos Soccer to use training video/photos of my son/daughter for social media/website.

Parent Initials \_\_\_\_\_ Participant Initials \_\_\_\_\_