

# KINGS SOCCER CLUB --- FALL 2009 Recreational Soccer Sign-up

Website: [www.kingssoccer.org](http://www.kingssoccer.org) Hotline: 513-333-5690

**By Mail:** Send registration with payment, payable to:  
Kings Soccer Club  
3116 W. Montgomery Rd., Suite C #303  
Maineville, OH, 45039

**FEES:** See attachment for refund guidelines

Online, Mail-in, and In-person registration

\$60.00 per player

\$180.00 max per family

**DEADLINE FOR REGISTRATION is June 14, 2009, based on mail-in postmark date. Registrations received after June 14 will incur a \$25 per player late fee and cannot be guaranteed a spot on a Fall season team. Late fees will be enforced.**

**IF YOUR CHILD HAS REGISTERED FOR KINGS SAY SOCCER IN A PREVIOUS SEASON AND YOUR INFORMATION IS UNCHANGED, YOU MAY SKIP PROVIDING THIS INFORMATION BELOW. HOWEVER, YOU MUST PROVIDE NAME, UNIFORM SIZE, AND YOUR SIGNATURE.**

## Player Information

↓ Circle One

First Name:	Last Name:	BOY or GIRL	Date of Birth:
Address:		City & Zip Code:	Contact Phone Number:
Father's Name: _____ Mother's Name: _____		Email (please print legibly as this is our main way to contact you):	
School District & School Attending:		Additional Contact Info (if applicable):	

Does your child have any allergies or require special medications? **Yes No** (circle one and if so, please explain):  
\_\_\_\_\_

Will your child be participating in Select Soccer or another Sport? **Yes No** (circle one)

Has your child played soccer before? **Yes No** (circle one)

**Uniform:** Shirts & socks are supplied by the club. Black shorts are required, but not supplied.

**Shirt Size** (please circle one): YS YM YL AS AM AL AXL

## Volunteer Information

**Coach** - Would you like to coach a team?

Name:

Do you already have a RED coach's shirt? **YES NO**

If no, Shirt size: AS AM AL AXL AXXL

**Asst. Coach** - Would you like to help coach a team?

Name:

Do you already have a RED coach's shirt? **YES NO**

If no, Shirt size: AS AM AL AXL AXXL

**Referee** - Would you like to be a referee? (*New referees must turn 12 by July 31, 2009*)

Name:

**Sponsors** - Would your family or company like to sponsor your child's team? **Yes No** (circle one) **Company / Family**

Name:

Attach business card, if possible.

Is there a coach you prefer your child **NOT** be assigned based on **personal experience**?

Did your child have this coach before? Briefly explain reason:

**Permission to play and consent for medical treatment:** I, the parent or legal guardian of the registrant, hereby gives my consent for medical care prescribed by a fully licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, and/or well-being of the registrant. I further agree that I and the registrant will abide by all rules of Soccer Association for Youth (S.A.Y.), its affiliated organizations, and its sponsors and the Kings Soccer Club's Code of Ethics. <http://www.saynorth.org/policies.htm> Recognizing the possibility for physical injury associated with soccer, and in consideration of S.A.Y. accepting the registrant for its programs, I hereby release, discharge, and/or otherwise indemnify S.A.Y., its affiliated organizations, Kings Soccer Club Officers, coaches and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for programs, against any claim by or on behalf of the registrant as a result of his/her participation in programs, being transported to or from these programs, which transportation I hereby authorize.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Soccer Club Use Only

Family of \_\_\_\_\_ children Player Fee \$ \_\_\_\_\_ Sponsor Fee \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Rec'd by \_\_\_\_\_ Date \_\_\_\_\_  
Age as of 07/31/09 \_\_\_\_\_ Division playing: INST U8 U10 U12 U14 U16 U18 Boy / Girl



**KINGS SOCCER CLUB**  
**3116 W. Montgomery Rd., Suite C**  
**#303**  
**Maineville, OH 45039**  
**(513) 333-5690**

Dear Parents and Players:

The Kings Soccer Club will again be participating in S.A.Y. soccer leagues. As part of S.A.Y. North, the largest S.A.Y. Area in America, we will compete primarily with the Loveland, West Chester, Lakota and Sycamore clubs.

S.A.Y. rules dictate how teams are formed. Below is a recap of the age groups and division to be used in 2009.

<u>Division</u>	<u>Ages of Players in Division</u>	<u>Birthday of Player to Determine Division</u>
Instructional →	4-5 →	August 1, 2003 - Oct 31, 2004
U8 – Passers →	6-7 →	August 1, 2001 - July 31, 2003
U10 - Wings →	8-9 →	August 1, 1999 - July 31, 2001
U12 - Strikers →	10-11 →	August 1, 1997 - July 31, 1999
U14 - Kickers →	12-13 →	August 1, 1995 - July 31, 1997
U16 - Minors →	14-15 →	August 1, 1993 - July 31, 1995
Seniors →	16+ →	August 1, 1990 - July 31, 1993

Instructional and U8 teams will be formed by a blind draw. All teams in the U10 & up age groups will be formed based on **last Fall's rosters**. Players will be assigned by blind draw if they are moving into the next age division. Coaches notify the players/ parents after the teams have been formed as to when practices will begin (around the end of July). Practice schedules are at the discretion of the coach. The season will go approximately from the end of August until early November. Most games will be scheduled on Saturdays; however, some weekday games will occur.

**IN-PERSON REGISTRATION:** In-person registration will be held at **LANDEN PARK in the front picnic shelter** on **Saturday, May 16, 2009, from 9:00 AM – 11:00 AM.**

**MAIL-IN REGISTRATION:** For those parents who wish to mail in forms, please include **correct fees** with a **completed and signed form for each child** playing. Mail a check payable to "Kings Soccer Club" at the above address. **Players will only be placed if space is available for all forms postmarked after June 14, 2009.**

**THE SOCCER CLUB CANNOT BE RESPONSIBLE FOR UNIFORM FIT!!** Uniforms consist of socks and a shirt. **Black shorts are not provided, but are required.** Please consider ordering a larger size to allow for growth or room for a sweatshirt under the uniform. **If you are unsure of the size your child needs, please stop by during the in-person registrations to examine and try on samples. Each child must wear soccer shin guards to all practices and all games.** Gym shoes or soccer shoes are acceptable. **EACH CHILD IS EXPECTED TO BRING A SOCCER BALL TO PRACTICES.** U8 and below use a size 3 ball; U12 / U10 a size 4 ball; U14 and up a size 5 ball.

**REFUNDS:** Refunds are granted for medical reasons, if your family moves out of the area, if your child makes the high school team or if we are unable to place your child on a team. Refunds are not made if your child drops off the team for any reason, other than the above. You must provide a written request for a refund and a self-addressed, stamped envelope to: Kings Soccer Club, 3116 W. Montgomery Rd. Suite C, #303, Maineville, OH 45039.

**SPONSORSHIP:** If your family or company would like to sponsor your child's team, please list that on the registration form. Sponsor fees are \$175.00 per team per season. Please provide us with a business card or artwork for the logo.

**WE NEED PARENT VOLUNTEERS!** We especially need coaches and referees. Referee and Coaches' clinics to train all volunteers will be required under S.A.Y. guidelines. Volunteers are needed to assist with coaching or assisting, refereeing, and with fall tournaments. For further information, call the Kings Soccer Club at 333-5690 and please leave a message with date and time of call.

Sincerely,

The Kings Soccer Board