



KASL Registration

All parental/guardian's D.O.B. are now required for the new registration software.
Website: www.kenoshasoccer.com

Checks payable to: KASL
Phone number: 262-694-0248
Mailing address: 2406-14th Street
Kenosha, WI. 53140

Player's Name: Legal First , Middle , Last				D.O.B.	Age	Gender
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NOT APPLICABLE

Mother/Female Guardian's Name: First , Middle , Last		D.O.B.	Home Phone
Email Address		Relationship	Cell Phone
Street Address	City	State	Zip

NOT APPLICABLE

Father/Male Guardian's Name: First , Middle , Last		D.O.B.	Home Phone
Email Address		Relationship	Cell Phone
Street Address	City	State	Zip

Emergency Contact: First , Middle , Last		Relationship	Primary Phone
Doctor and Phone	Medical Issues		

K.A.S.L. Volunteer Positions:
Coach, Concessions, Uniforms, Board Member, Office Assistance, etc.

Current Age Div. and Team	Requests: Stay on team , Change team , Play with (full name) , etc.
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I would like my child/player to play (circle one):
 KASL Recreational Program: Coed All Girls Adults (must be over 18)
 KASL/United FC (Select) Program: Academy Youth Development Select Boys Select Girls

Statement of Good Health/Injury and Emergency Treatment Consent/Liability Release

I hereby give my permission and certify that my child is in good health to participate in soccer activities of KASL, and permission for my child to receive emergency and/or injury treatment if I cannot be reached. As consideration for being permitted to participate in activities sponsored by KASL and/or using equipment of said association, each such participant agrees to assume all liability for injury and/or damage resulting from such participation and further agrees to hold KASL free and harmless on account of any act of omission or negligence on the part of said association, their officers, agents or volunteers.

Signature: _____ **Date:** _____

Office Use Only	Office Use Only	Office Use Only	Office Use Only	Office Use Only
Fees Owed: \$ _____	Fees Paid: \$ _____	Check #: _____	Cash: _____	Balance: \$ _____
Verified birth certificate: _____	Season: _____	Team Placed on: _____		