



# KASL Registration Adult Form

Website: [www.kenoshasoccer.com](http://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
Street Address		City	State	Zip
Email Address		Home Phone	Cell Phone	
Email Address		Medical Problems		
Emergency Contact: First and Last		Home Phone	Cell Phone	
<b>Statement of Good Health/Injury and Emergency Treatment Consent/Liability Release</b>				
<p>I hereby give my permission and certify that I am in good health to participate in soccer activities of KASL, and give permission to receive emergency and/or injury treatment if I cannot do so on my behalf. 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.</p>				
<b>Signature:</b>			<b>Date:</b>	
Office Use Only	Office Use Only	Office Use Only	Office Use Only	Office Use Only
Dues: \$	Paid: \$	Check #:	Cash:	Discount Cards: _____ Balance: \$

Adult Players (must be over 18 to play)

Registration Fee (for both Fall and Spring)

\$115.00 (no family discounts) (discount cards included)

Registration Fee (Fall only or Spring only)

\$95.00 (no family discounts) (discount cards included)