

KERRISDALE SOCCER CLUB

UNDERAGE REGISTRATION APPLICATION

This is an application for a player to play for one season as an underage player.

NAME OF PLAYER:

BIRTHDATE:

TEAM NAME:

AGE DIVISION and YEAR:

I, the undersigned, am the parent of a player applying to play for one season as an underage player.

I am aware that underage players may be playing against players who are older, taller, heavier, stronger and rougher, and recognize that the skill level and endurance of the team may develop to a higher level than that of my son/daughter's capabilities. I agree that if the coach at any time recognizes a significant safety issue or wide skill discrepancy, I will be willing to transfer my son or daughter to an appropriate lower age level of play.

I have read the Underage Player Registration Policy printed on the back of this application.

Parent Signature

Date

Coach Signature

Date