

2018 STM Junior Cyclones Pre-Kindergarten Soccer Clinic Registration

The 2018 STM Junior Cyclones Pre-Kindergarten Soccer Clinic will be held on Friday afternoons from 3:30 p.m. – 4:30 p.m. on the grass field behind STM School beginning on Friday, April 13th and ending on Friday, May 11th (or Friday, May 18th if a prior session is cancelled). Registration is open to all children starting kindergarten this fall or children 4 years old prior to June 1st. Registration fee is either \$40.00, which includes an STM jersey and medal, or \$25.00, if your child has an STM jersey from a prior year. Please attach a check, payable to STM, and return along with this form to STM Parish Office or STM School Front Office before Wednesday, March 28th, 2018. Anyone interested in helping to coach (including junior high or high school students who want to earn service hours), or if you have any questions, please contact Dirk Lawson at 816-260-3012 or email him at dlawson@rockhursths.edu.

Player's Name: _____

Birth Date: _____ Age: _____ Phone #(s): _____

My child is _____ **Non-Aggressive** (if there is a soccer ball in the middle of 6 kids, my child watches the ball and waits for it to come out – my child does not like having their shins kicked)

My child is _____ **Aggressive** (if there is a soccer ball in the middle of 6 kids, my child runs into the middle to kick the ball – my child likes kicking the ball and shins and having their shins kicked)

Uniform Size: **Please Circle One** YS(4-5) YM(6-8) N/A – already have one

Emergency Authorization: The undersigned parent/legal guardian of the above named participant hereby authorizes the coaches, assistant coaches and parents of the team members acting as activity supervisors or STM Official as agents for the undersigned to consent to emergency treatment of our minor child, the named above participant, as indicated below.

_____ In case of emergency, we authorize treatment at any hospital

Or

_____ In case of emergency, if we cannot be reached, contact the following person(s):

Contact: _____ Phone _____

Other Instructions: _____

Parent Or Guardian Release of Liability: The undersigned parent or guardian, in consideration for acceptance of the above named participant in the STM program hereby release, indemnify and hold harmless STM, their officials, coaches, and representatives, from any claims of negligence, cause of action, or other liability arising out of injury to the above named player.

Mother's Name (please print)

Father's Name (please print)

Signature of Parent/Guardian

Date

Active Email Address(es) (please print) (This is how you will be notified of updates/cancelations.)
