

# Little Kickers Registration/Release Form

**Session :** \_\_\_\_\_ Fall Session \_\_\_\_\_ **School's Name:** \_\_\_\_\_ Carden Day School \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Classroom:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Cell Phone #:** (\_\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Does your child have any medical conditions we should be aware of?**

Yes / No If yes please explain. \_\_\_\_\_

**Is there anything you would like us to know about your child?**

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Cell #: ( )**

**Persons Authorized for Pick-up:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**Please make checks payable to Little Kickers Soccer**

\*I give permission for my child to participate in Little Kickers Soccer Program at Carden Day School. I understand that this is an outdoor physical activity and that my child will be participating in soccer specific activities. I agree to waive all claims against Carden Day School, Little Kickers Soccer, and their respective staff members for any injury or accident that may occur as a result of my child's participation in the program. I also agree to allow use of photos taken of my child while participating in the Little Kickers Soccer program for promotional and/or other purposes.

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