



KEWANEE PARK DISTRICT SOCCER PROGRAM

Residents:	1 Child	\$25.00	Non-Residents:	1 Child	\$30.00
	2 Children	\$40.00		2 Children	\$45.00
	3 or more	\$55.00		3 or more	\$60.00

*****PLAYERS MUST BE AT LEAST 4 YEARS OLD BY July 1, 2018*****

ALL PARTICIPANTS MUST WEAR GYM SHOES AND SHIN GUARDS

(Soccer cleats are allowed but NOT required)

Practices will begin the week of July 9th and games will begin Saturday July 24th. All leagues will play at Northeast Park(weather permitting). Rain dates will be determined as needed.

****Coaches determine their own practice schedule and will call with dates and times****

THE NEW REGULATION SIZE SOCCER FIELD IS FOR HIGH SCHOOL AND TRAVEL LEAGUE GAMES ONLY. NO ONE IS ALLOWED TO HOLD PRACTICE ON THIS FIELD.

*******Leagues will be divided by grade levels*******

Walk-In Registrations: Saturday March 24th 11am – 1pm

Saturday April 14th 11am – 1pm

@ Kewanee Park District Office, 1095 Cambridge Rd., Kewanee, IL 61443

Registrations mailed to : Kewanee Park District, PO Box 424, Kewanee, IL 61443

REGISTRATION DEADLINE: FRIDAY JUNE 15, 2018 BY 4PM

For more information contact the Kewanee Park District (309)852-2872

Website: kewaneparkdistrict.org

Email: k.parkdistrict@comcast.net

Player's Name: _____ Circle one: M or F

Current Grade Level: _____ Birth Date: _____

Parent/Guardian Name: _____

Address: _____ Phone: _____

*****Please Circle Player Shirt Size*****

Youth: S (6-8) M (10-12) L (14-16) Adult: S (34-36) M (38-40) L (42-44) XL (46-48)

I/We the parent(s) of the above named, hereby give my/our approval to his/her participation in any and all of the league's activities. I/We assume the risk of injury incident to such participation. Further, I/We do hereby waiver, release and agree to hold harmless Kewanee Park District, Board, Officers, Coaches, Assistants, supervisors and all other participants and individuals involved in its action of any kind arising out of Kewanee Park District activities.

Parent/Guardian Signature(s): _____

Soccer Registration

Pay by credit card: _____ (CARD NUMBER) _____ / _____ (EXPIRATION DATE)

VISA

MASTERCARD _____ (NAME ON CARD) _____ (CVV) _____ (ZIP CODE)

DISCOVER

AMERICAN EXPRESS _____ (CARDHOLDER SIGNATURE) \$ _____ (TOTAL)

(CIRCLE ONE)