

KICKERS

SOCCER REGISTRATION

Spring 2010 Session

I. SESSION INFORMATION*

Registering player for:

_____ **Mini/Jr. Kickers Spring Soccer Season (Developmental Program), Ages 3-6**

6 game season; Parent orientation and practices now start **on March 31st**; Practices held on Wednesdays from **6:30-7:30pm** at **BGSU**; Games held on Saturdays at 9am at **BGHS**; Cost \$35/\$45 if player does not already have black & white uniform shirts

_____ *I am interested in coaching my child's team*

_____ *I am interested in being a team parent for my child's team*

_____ **Kickers Spring Soccer Season (Local Recreational Travel Program),**

Eligible if DOB is between 7/31/2003-8/1/2001; ages 6-8

10 game season; Practices held on **Mondays & Thursdays** starting **March 29th** from **5:30-7:00** pm at **BGSU**; games played at various locations based on league (ESSL) schedule; home games played **at Otsego High School**. Cost \$60/ \$80 if player does not already have jersey

Referral Program

>A \$10 credit against **future** registration fees will be issued to you for each **NEW** player you refer to either our Kicker or our Select programs (limit 3 players per season, up to \$30; please e-mail stacey.garn@valentisathletica.com with any questions concerning existing credits)

Payment Information:

>Please mail completed registration forms and checks made payable to **Valentis Athletica** to: 807 Longford Dr, Bowling Green, OH 43402

>**Deadline for registration is March 19th**

** If your child is interested in playing for our travel team, **Valentis Select (U9-U14)**, please **do not** fill out this registration form. Please contact Tim Memmer at (419) 353-7431 or tim.memmer@valentisathletica.com for Valentis Select registration information.*

II. REGISTRATION INFORMATION

Name of player _____ Date of Birth _____

Age _____ Gender M F School _____ Grade this fall _____

Address _____ City _____

Zip _____ Email (** used as main means of communication*) _____

Phone (day) _____ (evening) _____ (cell) _____

Referred by _____

Uniform Shirt Size YS YM YL YXL

III. PARENTAL PERMISSION

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of Valentis Athletica, its affiliated organizations, and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the Valentis Athletica accepting the registrant for its soccer programs and activities I hereby release, discharge and/or otherwise indemnify Valentis Athletica, its affiliated organizations, and sponsors, their employees, and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result in the registrant's participation in the Programs, and/or being transported to or from the same, which transportation I authorize.

Parent/Guardian _____ Date: _____
(Print)

Parent/Guardian _____
(Signature)

Tim Memmer, Club Director, BGHS Boys Soccer Head Coach
Johann Svanberg, Select Director U15 & Up, Otsego HS Boy Soccer Head Coach
Jim Brosius, Kickers Director

You can contact Jim Brosius with any questions at 419.308.0787 or jim.brosius@valentisathletica.com

For more information on our programs, check us out on the web at

www.valentisathletica.com