

# 2010 MINI-KICKERS SOCCER REGISTRATION FORM

Forms are not processed without payment.

Sports Office/Venture Christian Church  
16845 Hicks Road, Los Gatos, CA 95032  
Office: 997-4636 ... Fax: 997-4685

## MINI-KICKERS AGE REQUIREMENTS:

- Must be at least two years of age BEFORE season begins.
- Can turn 3 or 4 during season.
- If turning 5 anytime during the season, they must register for the U6 co-ed team

**(PLEASE USE INK AND PRINT CLEARLY)**

Name \_\_\_\_\_ Parents Names \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Mom \_\_\_\_\_ Dad \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Mom \_\_\_\_\_ Dad \_\_\_\_\_

(Cell) \_\_\_\_\_ Mom \_\_\_\_\_ Dad \_\_\_\_\_ (Cell) \_\_\_\_\_ Mom \_\_\_\_\_ Dad \_\_\_\_\_

Age \_\_\_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_ Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight \_\_\_\_\_

T-shirt Size (circle one): 2T 3T 4T 5T

Name of church attending if applicable \_\_\_\_\_

Requests: (1 sibling and 1 friend only!) \_\_\_\_\_

Session choice: A (9:00am) \_\_\_\_\_ B (10:00am) \_\_\_\_\_ **(NOTE: no guarantees)**

**WAIVER AND INFORMED CONSENT STATEMENT FOR:** \_\_\_\_\_  
(name of child)

In consideration of registering for participation in the activities of the Venture Christian Church Sports Ministry, I agree to allow my child's image to be used in any photo, video, or online source for the purposes of marketing the league. This image will become the property of VCC, and I waive any rights of compensation or ownership thereto. I also hereby affirm my child to be medically able to participate in the activities offered by VCC Sports Ministry in playing soccer. (I understand that there are risks that may include disabling injury and/or death involved in all physical activities, and I agree to familiarize myself with all equipment, facilities, rules, and physical demands related to the activities undertaken.) I agree to hold free from any and all liability the Venture Christian Church and its respective officers, employees, members, volunteers, and sponsors, and do hereby for myself, heirs, executors, and administrators waive and release and forever discharge any and all rights and claims for damages which I may have or which may accrue to me arising out of or in any of the activities of the Venture Christian Church Sports Ministry. I have been apprised of and acknowledge the particular hazard and potential danger involved in allowing my child's participation in the 2010 Soccer League season. I give my permission to medical staff to secure a licensed physician in the case of an emergency in order to provide the necessary care.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Phone #1 \_\_\_\_\_

#2 \_\_\_\_\_

Preferred hospital \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_

Please list any allergies, serious injuries, or special medical procedures:

\_\_\_\_\_

**PARENTS:** Are you available to be a:  
\_\_\_\_ Coach\*      \_\_\_\_ Assistant Coach  
\_\_\_\_ Official      \_\_\_\_ Team Mom  
\_\_\_\_ Prayer Partner  
\*Must meet minimum requirements

### OFFICE USE ONLY

Fee Payment \_\_\_\_\_

Date paid \_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_

Rec'd by \_\_\_\_\_

## VENTURE CHURCH YOUTH SOCCER MINI-KICKERS 2010

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Phone: 997-4636, FAX: 997-4685, e-mail: [tquigley@venturechristian.org](mailto:tquigley@venturechristian.org)

Website: [www.venturechristiansports.org](http://www.venturechristiansports.org)

**PURPOSE OF THE LEAGUE:** To ultimately honor and glorify God by providing a well balanced league of competition and development both physically and spiritually for the new soccer generation! Soccer is a game that takes heart, motivation, endurance, and the ability to accept defeat as it can be the most unfair/grueling game to be a part of. It is Venture's purpose to equip the new soccer generation with the most important tools to be successful in life and sports by demonstrating a **God First** attitude in everything that we do, on and off the field.

### REGISTRATION INFORMATION

**Registration Dates:** July 5-September 17, 2010

**Registration Fee:** \$40

**Includes:** Field usage and t-shirt.

Under 6 (co-ed), Under 8 Boys/Girls, Under 10 Boys/Girls: **SEPARATE REGISTRATION FORM**

### SESSION DAYS AND TIMES:

Saturdays, September 25-October 30, 2010

Session A: 9:00am

Session B: 10:00am

2-year olds: Room 300

3-year olds: Room 305

4-year olds: Kerley Field (by playground)

### WHAT TO WEAR:

**2 and 3 year olds:**

T-shirt (provided), shorts and tennis shoes (no cleats-playing inside)

**4 year olds:**

T-shirt (provided), shorts and tennis shoes (can use cleats and shin guards, but not necessary)

**Please NO sandals, pants, skirts or dresses.**

**REFUND POLICY:** 100% (less \$10) before first session; no refunds after first session.

### SIBLING DISCOUNT:

First two children: full price

3rd child and additional: 25% discount

(on lower rate)

**No Rating Clinic**

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