

Kankakee First Church

Winter Indoor Soccer League

General Information



Welcome! Kankakee First Church of the Nazarene is excited for the **inaugural kick-off of its Winter Indoor Soccer League for children (age 8 and under)**. A child will be able to participate if his or her 8th birthday falls between January 1st through March 30th, 2018. The cost is \$50 per child which will include a soccer shirt/jersey.

This league is a fun, interactive way for children to learn about the game of soccer. The league does not have separate practices for each team during the week. Instead, each team will practice together for 10-15 minutes before the start of each game on Saturday by working on foot drills, passing, and teamwork. Please arrive 15-20 minutes early for your child's game so that they may practice at this time.

Saturday Game Times:

9:00 am - 9:45 am [3-5 year olds]

10:00 am - 10:45 am [6-8 year olds]

Equipment:

- Players **must** provide their own shin guards.
- Players will receive a soccer jerseys.
- Players **must** wear tennis shoes or indoor soccer shoes. *(No cleats are permitted)*
- Players may bring their own soccer ball.

Concession Stand:

- Open 8:45am to 11:00am; provides drinks and snacks for purchase at set prices.

There is a parent/player meeting on January 13th at 10:00 am. At this meeting we will hand out shirts/jerseys, team rosters, rules of the league, etc. and answer any questions.

We are looking forward to a fun and exciting indoor soccer season!

Sincerely,

Jeff Enfield
Executive Director
K1 Winter Indoor Soccer League

Contact Information:

Jeff Enfield Cell Phone Number: 815.353.9927

Website: www.k3naz.org

Church Phone: 815.933.1000

Kankakee First Church of the Nazarene

WINTER SOCCER REGISTRATION FORM

Child's Information: *(Please fill out separate registration form for each child)*

First Name: _____ Last Name: _____ MI: _____

Street: _____ City: _____ State: _____ Gender: _____

D.O.B: _____ Age as of **January 1st, 2018**: _____ (MUST be under 8 yrs.)

Parent/Guardian Information:

Parent/Guardian 1's Name: _____ Phone 1: _____

Cell or Home?: _____ Texting (Y/N): _____ E-mail Address: _____

Parent/Guardian 2's Name: _____ Phone 2: _____

Cell or Home?: _____ Texting (Y/N): _____ E-mail Address: _____

Emergency Contact Information:

Emergency Contact Name: _____ Relationship: _____

Phone: _____ Cell or Home?: _____ Texting (Y/N): _____ Alternate Phone: _____

League Information:

Uniform (YS YM YL Youth XL Adult S Adult M Adult L): _____

Siblings in this league?: _____ **Name(s) and age(s):** _____

How did you hear about the League? _____

Experience: (Played in Club Soccer, CWSA, Dynamo, etc.): _____

Level of Play: (1= reserved//3=average//5=assertive): _____ [Used to create equal team rosters]

Place the name(s) of a(the) child(ren), your son/daughter would like to play with: _____

Preferred Age Group (Lower Division Ages 3-5; Upper Division Ages 5-8): _____

Payment Information *(Used by League Office): (Make all checks payable to "K1 Sports" Memo line "Indoor Soccer")*

Fees: \$50 per child, covers cost of soccer jersey and soccer equipment

Amount due: \$50.00 USD Amount paid: _____ Late Fee: _____

Cash: _____ Check# _____ Credit: _____

Kankakee First Church of the Nazarene 2017-2018

My, child, _____ has my permission to attend all activities associated with the ministries of Kankakee First Church of the Nazarene for the August 2017-July 2018 school year.

Consent for Treatment of Minor

We (I) the undersigned parent(s) of _____, a minor, so hereby authorize First Church of the Nazarene as agent(s) for the undersigned to consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general of special supervision of any physician and surgeon under license, under the provisions of the Medicine Practice Act on the medical staff of any Clinic or Hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital or clinic.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any physician in the exercise of his best judgment may deem advisable.

Student name: _____

Address: _____

Home Phone: _____ Work Phone: _____

In case of emergency please notify: _____ Phone: _____

Insurance Company: _____ Insurance Number: _____

Family Doctor: _____ Phone: _____

Please indicate if any of the following conditions pertain to the minor:

Contact lenses Hyperactivity Eye glasses Hyperventilation Braces
 Heart Hearing aid Diabetic Learning disability Kidney _____
 Other physical/emotional conditions and/or disabilities: _____

Please indicate any medication(s) the minor is currently taking and for what purpose (include inhalers):

The following individuals may pick up my child from events/activities/ministries associated with Kankakee First Church of the Nazarene:

- | | | | |
|----------|--------------|----------|--------------|
| 1. _____ | Phone: _____ | 3. _____ | Phone: _____ |
| 2. _____ | Phone: _____ | 4. _____ | Phone: _____ |

Approval of Parent/Guardian and Waiver of Claim

I hereby approve this application and certify to its correctness and expressly waive all claims against the First Church of the Nazarene, or any of its boards or representatives because of any injury or other damage that may be incurred to the applicant named on this paper or said applicant's property in connection with or incident at church authorized and sanctioned functions.

Signature of parent/guardian: _____

_____ (Parent Initials) I GRANT permission for a photo/image that includes this minor to be published on church promotional and communication materials and public internet sites associated with activities of this Church.



Sign up for important updates from Mr. Enfield.

Get information for **K1 Winter Indoor Soccer League** right on your phone—not on handouts.

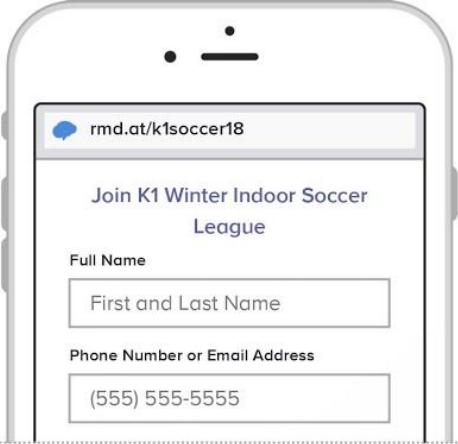
Pick a way to receive messages for **K1 Winter Indoor Soccer League**:

A If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

rmd.at/k1soccer18

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.




B If you don't have a smartphone, get text notifications.

Text the message **@k1soccer18** to the number **81010**.

If you're having trouble with **81010**, try texting **@k1soccer18** to **(815) 323-6109**.

* Standard text message rates apply.



Don't have a mobile phone? Go to rmd.at/k1soccer18 on a desktop computer to sign up for email notifications.