



Overbrook Park and Rec

2011 SFT Soccer Registration Form

Return Form and Payment to:

Overbrook City Hall, 401 Maple, PO Box 288, Overbrook, KS 66524 665-7328

Forms Due by 9-03-11

Cost is \$30.00 which will include a T-Shirt (Make Check Payable to Overbrook Park and Rec)

League Teams / Ages

Year in School for 2011/2012 School Year

Kindergarten - First
 Second - Third
 Fourth - Fifth
 Sixth - Seventh - Eight

Player's Name _____ Grade _____ Male / Female

Parent/Guardian Name _____ Phone _____

Address _____ Alt. # _____

City/State _____ Zip _____ Email _____

Drug Allergies _____

Medical Concerns (i.e. asthma) _____

Shirt Size:	YOUTH	Small (6-8)	Adult	Small	XL
		Medium (10-12)		Medium	XXL
		Large (14-16)		Large	XXL

Circle Size needed for Athlete (Please Note Youth and Adult Sizes are available)

Parent Shirts are available for \$15.00 a shirt. Please list sizes Needed _____

I would like to help:

- _____ Coach (which team if multiple kids playing)
- _____ Assist in coaching (which team if multiple kids playing)
- _____ Referee
- _____ Help with Field Cleanup Day

Required: Each player is required to provide their own shin guards and Cleats without a toe cleat
 Each team will be requested to staff the concession stand for at least one game during the season

Parental/Guardian Consent Waiver and Medical Release

I hereby certify that all the information about the aforesaid player is true and correct. I realize this soccer program is a not-for-profit and voluntary program instituted for the benefit of children in the communities. I therefore, hereby agree to hold no party connected with the team, the sponsors or the Overbrook Recreation Commission responsible for injury to my child while involved in all activities with SFT Soccer. I will be responsible for my child and their actions during all soccer activities. If my child is injured, I hereby authorize the coach, or team manager to obtain such medical attention as my child may need including surgery for emergency situations. I agree to pay all medical and hospital charges for my child's treatment.

Name of Parent/Guardian Printed _____

Signature of Parent/Guardian _____ Date _____

Direct Questions to parksandrec@overbrookks.com