

# 2019 Champions Fall Soccer League Field of Dreams Basehor,KS



Early Registration and Fees are due by: July 26 2019

Fees (Includes shirt): **\$65 PerPlayer**

Fees after July 26 will be **\$85.00 PerPlayer**

League Games begin: **Sept.14 2019 ( Weather Permitting)**

www.playfod.com

This is your registration form for the 2019 Champions Fall Soccer League! We will keep rosters to a minimum size so all players will get a lot of action in this league. Games will be played Saturday mornings beginning on **Sept.14 2109(weather permitting.)**.The goals of Champions sports are to emphasize good sportsmanship, quality instruction, and a relaxed atmosphere.

**This league is open to boys and girls ages 4 thru 12.**If we do not have enough for the 4yr old division we will combine with the K-1 division. Teams will generally play once a week on Saturday (weather permitting) at the Field of Dreams Complex 14333 Fairmount Rd. Basehor,Ks 66007. Some away games will be played in other communities within the area. Players will be placed on rosters only when his or her application and fees have been received in the office. Please send team and preferred teammate applications in together to ensure placement together. As usual volunteer coaches are necessary for the league to be a success. You can register online @ www.playfod.com

League Director Troy Wiseman (785)-221-2934 or E-mail [nkfl1@aol.com](mailto:nkfl1@aol.com)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

Parents' Names \_\_\_\_\_ School \_\_\_\_\_

Phone Number (H) \_\_\_\_\_ (C) \_\_\_\_\_

E-Mail \_\_\_\_\_

M/F \_\_\_\_\_ Age \_\_\_\_\_ D/O/B \_/ \_/ \_ Grade: \_\_\_\_\_ Fall 2019

Division: 4yr. olds \_\_\_\_\_ K -1 \_\_\_\_\_ 8U \_\_\_\_\_ 10U \_\_\_\_\_ 12U \_\_\_\_\_

Preferred Teammate \_\_\_\_\_ Preferred Coach \_\_\_\_\_

Parents interested in Coaching Yes \_\_\_ No \_\_\_ Need volunteers to help make the league a success!

**Make checks payable to NYSSO Check# \_\_\_\_\_ Cash/MO \_\_\_\_\_ Date Recd \_\_\_\_\_ Recd. By \_\_\_\_\_**

**Make checks payable to NYSSO and Mail to 8716 SW. K-4 Hwy, Topeka KS, 66614**

**\$30 fee on all returned checks.Refund fee of \$20 will be charged. No refunds after the league play begins. City of Basehor residents will only receive a partial refund from the City of Basehor. Please contact City of Basehor for more information.**

**Shirt Size: (Please Circle Preference)**

**Y/S Y/M Y/L Y/XL A/S A/M A/L A/XL**

**\*Coaches must fill out a coach's application before they are allowed to coach.\***

My signature acknowledges I am the parent or legal guardian of the above listed minor. I understand medical insurance is not provided with KVL programs. I release the KVL from any and all liability whatsoever resulting from participation in KVL activities. I authorize those in attendance to act according to their best judgment in emergency situations requiring medical attention. I hereby waive and release the NYSSO and the KVL, it's staff, agents, sponsors, and/or coaches from any and all liability that may occur from accident, injury or illness sustained by my son/daughter during participation in these activities. I understand that no refunds will be applied within two weeks of the beginning date of a program. I understand behavior resulting in removal from a program does not constitute refund criteria. I understand that refunds, when applied, will have a \$20.00 administrative fee accessed. I understand that if equipment is issued in conjunction with any program, failure to return said equipment within 2 weeks of the end of the program will result in legal action. I understand that any photographs, medals, awards trophies, etc., associated with programs may be held for 30 days after the end on the activities at which time, if not claimed, will be disposed of. I understand returned checks will be accessed a \$20 processing fee. I understand that photographs of all NYSSO and, KVL activities and activities conducted by leased tenants will be taken and may be used for brochures, promotions and advertising without permission. I acknowledge all information and waivers contained herein.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_