2021 Champions Fall Soccer League Field of Dreams Basehor,KS

Early Registration and Fees are due by: July 15,2021
Fees (Includes shirt): \$75 PerPlayer
Fees after July 15 will be \$95.00 PerPlayer
League Games begin: Sept.18 2021 (Weather Permittimg)
www.playfod.com

This is your registration form for the 2021 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 <u>Sept.18 2021(weather permitting.)</u>. 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 14. 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

Last Name	_ First Name_			
Address	_City	Zip		
Parents' Names	School			
Phone Number (H)	(C)			
E-Mail				
M/F Age D/O/B// 0	Grade: Fa	all 2021		
Division: 4yr. olds K -1 8U	10U	12U		
Preferred Teammate	Prefe	rred Coach		
Parents interested in Coaching YesNo_	_ Need volunt	eers to help ma	ke 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 partical refund from the City of Basehor. Please contact City of Basehor for more information.				
<u>Shirt Size: (I</u> Y/S Y/M Y/L		<u>A/M</u> A/L	<u>ce)</u> _{A/XL}	
*Coaches must fill out a coach				
My signature acknowledges I am the parent or legal guardian of the above li and all liability whatsoever resulting from participation in KVL activities. I aut attention. I hereby waive and release the NYSSO and the KVL, it's staff, agen by my son/daughter during participation in these activities. I understand that no in removal from a program does not constitute refund criteria. I understand the issued in conjunction with any program, failure to return said equipment withi awards trophies, etc., associated with programs may be held for 30 days after be accessed a \$20 processing fee. I understand that photographs of all N brochures, promotions and advertising without permission. I acknowledge all information and waivers contained herein.	sted minor. I understand n horize those in attendance ts, sponsors, and/or coach o refunds will be applied w hat refunds, when applied in 2 weeks of the end of t r the end on the activities	nedical insurance is not pro to act according to their be es from any and all liability t ithin two weeks of the begin , will have a \$20.00 adminis he program will result in leg at which time, if not claimed,	vided with KVL programs. I release the KVL from any sst judgment in emergency situations requiring medical hat may occur from accident, injury or illness sustained ning date of a program. I understand behavior resulting trative fee accessed. I understand that if equipment is al action. I understand that any photographs, medals, will be disposed of. I understand returned checks will	
Parent/Guardian Signature		Date_		