



KBFC TRYOUT REGISTRATION

Our focus at KBFC is to ensure that participants enjoy developing technical and tactical soccer skills and physical literacy in a safe environment. Given the current circumstances of Covid-19, the KBFC staff is committed to taking extraordinary precautions to ensure the safety of the kids, parents, and coaching staff.

For a player registration to be considered finalized, the following will need to be completed:

- 1) KBFC September Program Registration form, emailed to RegisterKBFC@gmail.com
- 2) Ontario Soccer's Covid-19 Informed Consent and Assumption of Risk Agreement, emailed to RegisterKBFC@gmail.com

Participant Information – Please Complete All Fields

Participant Name: _____ Current age: _____ Date of Birth: _____

Soccer Team Last Year: _____ Level of Play: _____ Position: _____

Please indicate any medical condition that will limit participation: _____

Does your son/daughter/ward wear a medical alert bracelet, neck chain, or carry a medical alert card? Y ___ N ___

Has your son/daughter/ward been identified as being anaphylactic? Y ___ N ___ If yes, does he/she carry an EpiPen? Y ___ N ___

Parent/Guardian Information – Please Complete All Fields

Parent/Guardian 1 Name: _____ Parent/Guardian 2 Name: _____

Phone 1: _____ Phone 2: _____ Email: _____

Street Address: _____ City: _____ Postal Code: _____

Emergency Contact: _____ Relationship to child: _____ Emergency Contact Phone: _____

Elements of Risk Notice: The risk of injury exists in every athletic activity. Falls, collisions and other incidents may occur and cause injury. These risks result from the nature of the activity and can occur without any fault on either the part of the participant, or of KBFC or its employees or agents, or facility where the activity is taking place. By choosing to participate in the activity, you, parent and the participant, are assuming the risk of an accident occurring.

I/We have read and understand the notice of Elements of Risk and agree that in the event of a medical emergency where neither parent/guardian nor emergency contact can be reached, KBFC may authorize a responsible adult to seek competent medical attention on behalf my child.

_____ Parent/Guardian Name

Please check this box to affirm your e-signature, which acknowledges your understanding of the elements of risk and authorization to seek medical care if required.

Please check this box to affirm your e-signature, which acknowledges your agreement that KBFC may use photographic and/or video images that depict your child/ward participating in our soccer program on our Facebook, Twitter, and Instagram pages.