



Please Check ONE

- Little Kickers (Ages 3 & 4)
- Kindergarten
- 1<sup>st</sup> & 2<sup>nd</sup> Grade
- 3<sup>rd</sup> & 4<sup>th</sup> Grade
- 5<sup>th</sup> & 6<sup>th</sup> Grade

# 2024 Fall Soccer

Youth ages 3 to 6<sup>th</sup> Grade

(Must be 3 by July 1<sup>st</sup>, 2024)

Cost **\$50.00** per player

Season Runs from Aug. 26<sup>th</sup> to Oct. 26<sup>th</sup>

One practice per week / One game on Saturday

**ALL FEES ARE NON TRANSFERABLE OR REFUNDABLE**

**Registration Deadline  
July 19<sup>th</sup>, 2024**

## Coaches Needed!!!

Are you interested in being a head coach or an assistant? If Yes, Name: \_\_\_\_\_

Circle one: Head Coach or Assistant Coach

Team Requests (Siblings, Ride Shares, Practice Days or Coach) \_\_\_\_\_

**\*\*\* We will try our best to accommodate requests – NO guarantees\*\*\***

### PLAYER INFORMATION:

Please Circle ONE Shirt Size: YS YM YL YXL AS AM AL AXL A2XL

First Name: \_\_\_\_\_ Last: \_\_\_\_\_ Age: \_\_\_\_\_

DOB (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male Female Transgender Non-binary

Players Primary Address \_\_\_\_\_ City/Town: \_\_\_\_\_ State \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade Fall 24': \_\_\_\_\_

Any known Allergies: \_\_\_\_\_ Treatment: \_\_\_\_\_

### PARENT/GUARDIAN'S INFORMATION:

1. Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Does the player live with you? YES NO If No, complete your address below

Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_

Email: \_\_\_\_\_

2. Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Does the player live with you? YES NO If No, complete your address below

Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_

Email: \_\_\_\_\_

### GRANT/ HOUSEHOLD INFORMATION

*(Please answer the following questions. Information is used for grants, funding and reporting purposes. It is not shared with the public)*

Is the member a US Citizen? YES NO

How Many People are in the Household? \_\_\_\_\_

Race of Member: White Multi Racial African American Native American Asian Hispanic Hawaiian Other

Ethnicity of Member: Non-Hispanic/Latino Hispanic/Latino

Preferred Language? English Spanish French Other: \_\_\_\_\_

Does anyone in the household receive: SNAP Free Lunch Reduced Lunch

Does anyone in the household receive: SSDI SSI TANF or Day Care Voucher

Member Lives with: Mother Father Both Parents Shared Custody Foster Parent Other Relatives

Household Type: Single Parent Household Two Parent Household Foster Care

Household Income: Under \$46,300 \$46,301-\$60,500 \$60,501-\$74,800 \$74,801-\$89,000

\$89,001-\$103,250 \$103,251-\$117,500 \$117,501-\$120,200 \$120,201-\$122,800 \$122,801-\$125,500

Over \$125,501

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

THIS IS NOT A MSAD 11 EVENT

## **Release of Liability & Waivers**

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of Kennebec Valley, and Boys & Girls Club of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organization such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury and any claim of damages resulting from use of facilities owned or controlled by the above organization, or participation in activities of said organizations either at or away from the Club.

I give permission to the Boys & Girls Clubs of Kennebec Valley to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment. That includes emergency transportation.

I give permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by the Boys & Girls Clubs of Kennebec Valley and its activities.

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

## **PAYMENT INFORMATION**

Please submit the signed and fully completed registration form with a check or money order to the Club by mail or in person to 14 Pray St. Gardiner, Maine 04345. For the convenience of our member's payment can also be made through our donate button on our website [www.bgckv.org](http://www.bgckv.org). In the memo please indicate that payment is for soccer. Original forms will still need to be brought to the Club regardless of how payment is made. **ALL FEES ARE NON TRANSFERABLE OR REFUNDABLE.**

## **REGISTRATION DEADLINE**

All registration forms and payments must be received no later than **July 19<sup>th</sup>, 2024**  
**All registration forms received after deadline are not guaranteed a uniform**

## **SEASON INFORMATION**

Practice will start the week of Aug 26<sup>th</sup>. Coaches will reach out to player the by August 23<sup>rd</sup>. Games start September 7<sup>th</sup>. There will be 8 scheduled games. Last game will be October 26<sup>th</sup>. Locations of games and practices will be determined at a later date.

## **EQUIPMENT FOR PARENTS TO PURCHASE**

### **Little Kickers Ages 3 & 4**

Shin guards (**REQUIRED**)  
Mouth Guard (**Recommended**)  
Cleats (**Optional**)

### **Kindergarten**

Shin guards (**REQUIRED**)  
Mouth Guard (**Recommended**)  
Cleats (**Optional**)

### **1<sup>st</sup> & 2<sup>nd</sup> Grade**

Shin guards (**REQUIRED**)  
Mouth Guard (**REQUIRED**)  
Cleats (**STRONGLY RECOMMENDED**)

### **3<sup>rd</sup> & 4<sup>th</sup> Grade**

Shin guards (**REQUIRED**)  
Mouth Guard (**REQUIRED**)  
Cleats (**STRONGLY RECOMMENDED**)

### **5<sup>th</sup> & 6<sup>th</sup> Grade**

Shin guards (**REQUIRED**)  
Mouth Guard (**REQUIRED**)  
Cleats (**REQUIRED**)

## **IMPORTANT DATES**

Registration Deadline - Friday, July 19<sup>th</sup>, 2024

Mandatory Coaches Meeting - Saturday, August 3<sup>rd</sup>, 2024 9:00am to 11:00am

Practices Start – Week of August 26<sup>th</sup>, 2024

First Game – Saturday, September 7<sup>th</sup>, 2024

Season Ends – Saturday, October 26<sup>th</sup>, 2024

**FOR IMPORTANT UPDATES THROUGHOUT THE SEASON PLEASE CHECK OUR FACEBOOK PAGE  
BOYS & GIRLS CLUBS OF KENNEBEC VALLEY YOUTH SOCCER**

FOR QUESTIONS OR CONCERNS CONTACT [ERICE@BGCKV.ORG](mailto:ERICE@BGCKV.ORG) or [MCAVANAGHBOUCHER@BGCKV.ORG](mailto:MCAVANAGHBOUCHER@BGCKV.ORG)

Phone 207-582-8458

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