

Proudly Presents

# Fall Soccer '25

**COED SOCCER:** Please Mark the box next to the appropriate division:

- ☐ 4-6 Yr Olds
- ☐ 1st/2nd
- ☐ 3rd/4th
- ☐ 5th/6th

**Format:** Teams will be COED. Divisions will be 4-6 year olds, 1st/2nd graders, 3rd/4th graders and 5th/6th graders. Games will be on Saturdays.

**Please fill out the registration form and return it with payment to the KRC office, or KRC drop box, both located at 131 West A Ave., or register online at [knrec.org](http://knrec.org) by the deadline date.**

**Fee: \$25/player (Includes team shirt) DEADLINE: FRIDAY, SEPTEMBER 26, 2025**

**NO REGISTRATIONS ACCEPTED AFTER DEADLINE**

**NOTICE:** Coaches that are selected will be contacted with date and times of coaches meeting.

Players will then be contacted by coaches.

**Season Dates:** OCTOBER 25, NOVEMBER 1, 8, 15, 22 (ALL DATES SUBJECT TO CHANGE)

If games are cancelled due to weather, they may be made up during the week.

## 2025 Youth COED Soccer Signup

Participant  
NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ Gender: M F

Shirt Size: YS YM YL AS AM AL AXL

Parents: (Please circle one) Head Coach Asst. Coach Neither

Coach Name: \_\_\_\_\_  
Coach Phone: \_\_\_\_\_

**IF NOT ENOUGH COACHES VOLUNTEER, TEAMS WILL BE LARGER RESULTING IN LESS PLAYING TIME.**

### WAIVER STATEMENT

The undersigned states that he/she understands that the Kingman Recreation Commission (KRC) is not and shall not be responsible for or liable for any illness, injury to person or damage to property resulting from the program in which the undersigned is enrolling or from his/her participating in said program and the undersigned hereby forever releases and holds harmless the said (KRC) from any and all claims of any kind that the undersigned or his/her heirs, executors, administrators or assigns may have or claim to have resulting in any way from his/her participation in said program.

I have read and understand the waiver statement and give permission for participants named above to participate in the Kingman Recreation Commission program stated above.

Signature(s) of: Legal Guardian (Mandatory): \_\_\_\_\_ Date: \_\_\_\_\_

Printed Names: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Medical Information: \_\_\_\_\_

Kingman Recreation Commission reserves the right to take photos/videos of all programs and participants and use them for advertisement/promotion. If you have any concerns please contact the Director personally.

Email: [knrec.office@gmail.com](mailto:knrec.office@gmail.com) KRC Website: [knrec.org](http://knrec.org) PHONE: (620) 532-2761