



Plainville Recreation Commission

Soccer

REGISTRATION DEADLINE:

Friday February 27th, 2026

Registration Form

FEE: \$35 • Late Registration is \$45 – after Feb 27th (No Registrations will be accepted after March 6th!)

AGE DIVISIONS: This is a coed league open to all boys and girls in the appropriate age levels:

Kinder Kicks – Kids currently attending Preschool or Kindergarten;

1st-3rd Grade Division **4th-6th Grade Division**

PRACTICES & GAME TIMES: Practices will be scheduled by the coaches. **Game Dates:** Saturday April 4th, 11th, 18th, and 25th. A schedule of games will be provided after registration.

EQUIPMENT: Each athlete is responsible for providing their own footwear and shin guards.

All soccer equipment is provided by the PRC. Team T-shirts will be provided by the PRC and are yours to keep. The T-shirts will be different colors to distinguish teams.

Print Child's Name: _____ **Phone:** _____

Address: _____ **City:** _____

Age: _____ **Date of Birth:** _____ **Current Grade:** _____ (for 2025-2026 school year)

Age Division: (please circle appropriate one) **Kinder Kicks** **1st-3rd Grade** **4th-6th Grade**

Gender: (please circle appropriate one) **Male** **Female**

T-shirt Size: Circle One **Youth:** **SMALL** **MED** **LARGE** **ADULT:** **S** **MED** **LARGE** **X-LARGE**

Print Guardian 1 Name: _____ **Guardian's Cell:** _____

Print Guardian 2 Name: _____ **Guardian's Cell:** _____

Email Address (es): _____

Emergency Contact: Please list someone other than parent/legal guardian who can be contacted in case of emergency.

Name: _____ **Phone:** _____

Release of Liability: It is specifically understood that participation in youth sports has potential dangers. I acknowledge these dangers exist and understand that the Plainville Recreation Commission, it's agents, officials, coaches, and USD 270 are not liable for any claims arising out of injury or accident unless there is evidence of wanton and willful negligence.

Consent for Emergency Medical and Dental Care: I appoint the PRC staff, instructors, and volunteers as my agent and representative for the purpose of authorization of emergency medical and dental treatment deemed necessary by duly credentialed physician, dentist, or health care provider. My consent authorized ambulance service, admission to a hospital, examination (to include X-rays), anesthesia, the use of drugs and medication, and necessary surgery recommended by such medical personnel for the purpose of saving life or to reduce further injury or harm. I acknowledge that payment of such medical treatment is my obligation and that such treatment will be sought only in the event of an emergency

Sportsmanship Codes of Ethics: As a parent / guardian, I hereby agree to the release of liability and acknowledge that before my child is eligible to practice and participate in PRC activities that I am responsible for reading the Sportsmanship Codes of Ethics set forth by the Plainville Recreation Commission (full Code of Ethics is available at www.plainvillerec.com).

Signature of parent or guardian: _____ **Date:** _____

Please Return Form to:

Plainville Recreation Commission • 110 S. Main St, Plainville, KS 67663 • Phone: (785) 737-6220