



Proudly Presents

Fall Soccer '26

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 return registration form/fee to the KRC office, or KRC drop box, both located at 131 West A Ave., or Register Online at knrec.org by the deadline date.

FEE: \$25/player (Includes team shirt)

DEADLINE: FRIDAY, AUGUST 7, 2026

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: SEPTEMBER 12, 19, 26, OCTOBER 3, 10 (ALL DATES SUBJECT TO CHANGE)
If games are cancelled due to weather, they may be made up during the week.

2026 Youth COED Soccer Signup

Participant NAME: _____ GRADE ('26-'27): _____ 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 KRC Website: knrec.org PHONE: (620) 532-2761