



Paul Klover Soccer Association in Sedalia is excited to announce another season of Futsal. We would love to have your team participate in our league. We have a GREAT new location for High School games this year- they will all be played at Liberty Park Convention Hall: 1500 W 3rd St, Sedalia, MO 65301..

- Games will be played on Friday nights and Saturdays (some Sundays if needed).
- The tentative start date is Friday, January 1st.

Team fees are \$300 per team for the 8 game season.

Deadline for entry is **December 5th, 2020**. You can Mail the forms to PO Box 592, Sedalia, MO 65302 or turn the form in to Pummills Sporting Goods no later than **December 7th, 2020**.

Registration must include the following - your team will not be scheduled for games until registration is complete:

- 1) Complete roster
- 2) The signed individual player registration form.
- 3) Payment in full

In the Boys division, play is limited to 8<sup>th</sup> – 12<sup>th</sup> graders. We will have 3 divisions for boys a Gold a SilverA & Silver B division. A committee will review the team entry's and will divide the teams into the 2 divisions. Please tell us which division you think your team should be in Gold (Division 1)\_\_\_\_\_ SilverA(Division 2)\_\_\_\_\_ SilverB(Division 3)\_\_\_\_\_

In the Girls division, play is limited to 7<sup>th</sup> – 12<sup>th</sup> graders.

Roster size is limited to 9 players per roster, minimum 7. If you intend to have a team in the season this year, please fill out the necessary information and send the forms and your entry fee of \$300 per team by the deadline.

**At your first game you must have medical releases/reg form for each player submitted and be paid in full.**

If you have any questions, please contact:

Paul Klover Soccer Association

pksasoccer@gmail.com

Phone: 660-281-6455

# 2021 PKSA Futsal Medical Release Form

Please Print!!

Player Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

I/We assume all risks and hazards incidental to such participation in soccer including transportation to and from activities and I/we do hereby waive, release, absolve the organizers, sponsors, supervisors, and participants from any claim arising out of injury to myself, my/our son/daughter except to the extent and in the amount covered by accident or liability insurance.

I/We hereby give my/our consent for all medical care prescribed by a duly licensed physician for myself or the minor named on this form as his/her legal guardian. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my/our dependent.

Signature of player over 18 \_\_\_\_\_

Date \_\_\_\_\_

