



**Dear Parent/Youth Player.**

As you will be already aware Kilcock Celtic have entered the Kildare Youth League for the summer season 2011. This league is run by the Kildare District League (KDL senior Leagues) and operates from May to September 2011.

This League is organised to give the teenagers an activity over the summer months and from Kilcock Celtic's point of view is about participation, enjoyment and providing access to senior soccer levels.

**Players have to be registered with the League and have Insurance Cover.** The Kildare League is a different entity to the Kildare District Underage League (KDUL).

#### **Fees**

League Registration and Insurance fee is a modest €25.00 per player.

Players who pay their €25 fee and who go on to play in the KDUL league in 2011/2012 season will receive a discount of €25 off the normal Club fee.

For legal reasons the League have insisted that Youth Players pay the registration fee and players who have not paid the minimum fee **cannot** play at Youth Level (U19) or at Senior Level (Kilcock Celtic Senior – First or Second Teams). **This Rule will be strictly enforced from July 31<sup>st</sup> 2011.**

**All Fees (€25) must be paid to Kilcock Celtic by Thursday July 28<sup>th</sup> 2011. No fixtures will be scheduled unless a team is fully registered.**

#### **Referee Fees**

At senior level Referees are paid a minimum of €45 per game, sometimes travelling expenses are added. At each match the cost is equally split between the home and away teams.

As with the junior leagues each player is requested to pay €2.50 contribution to the Referees fee.

For some reason many of the Youth players seem to be suffering from some form of group amnesia about the Referee fee. The result is that the Coach(s) have had to pay most of the Referees Fees. This situation cannot continue,

*Anyone interested in Refereeing? Please contact any Committee member to receive details.*

#### **Coaching (Helping Out)**

If anyone is interested in Coaching or helping out, please contact any of the Coaches or Committee members

**Yours in Sport,**

Pat O'Connor  
Youth Coach  
087 2390647

Ray Dully  
Youth Coach  
083 3351290

Ger Lynch  
Chairman  
087 6915849

Mick Gill  
Treasurer  
087 9038794

<http://www.kildare.ie/kilcockceltic/>  
Email: [kilcock.celtic@yahoo.ie](mailto:kilcock.celtic@yahoo.ie)

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# Kilcock Celtic Football Club

## Youth Member Registration – 2011

<b>Address:</b>	<b>Youth Registration Fee €25.00</b>
<b>Tel:</b>	€ _____ (TO BE PAID BY 28 <sup>TH</sup> JULY 2011)
<b>EMAIL:</b>	Cash _____ Cheque _____ Date Rec'd _____

<b>PLAYER</b>	<b>LAST NAME (PLEASE PRINT CLEARLY)</b>		<b>FIRST NAME</b>	
	<b>GENDER (PLEASE CIRCLE)</b>		<b>AGE</b>	<b>DATE OF BIRTH</b>
	MALE	FEMALE		<b>OFFICIAL USE</b>

<b>MAILING ADDRESS</b>		<b>HOME PHONE</b>
		<b>MOBILE</b>

<b>PARENT/ GAURDIAN</b>	<b>FIRST NAME</b>	<b>LAST NAME</b>	<b>DAYTIME PHONE</b>

<b>PARENT/ GAURDIAN</b>	<b>FIRST NAME</b>	<b>LAST NAME</b>	<b>DAYTIME PHONE</b>

<b>ASSIST TEAM</b>	<b>PARENT PLEASE CIRCLE ALL APPLICABLE]</b>		<b>WILL VOLUNTEER TO:</b>	
	CIRCLE] YES	NO	FATHER	MOTHER
			[CIRCLE] COACH	DRIVE
			OTHER _____	

<b>MEDICAL DETAILS</b>	<i>Please indicate if you have any medical conditions we should be aware of e.g. asthma (Enter NONE if applicable.)</i>
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<b>DISABILITY</b>	<i>Please indicate if you have any disabilities should be aware of: (Entre NONE if applicable)</i>
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<b>REGISTERED SIBLINGS</b>	
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<b>CONSENT</b>	<i>Kilcock Celtic wish to publish club photographs on club website and facebook page by signing the form below you are consenting to the publication of said photographs via electronic media. The club also aims to inform parents of club events via text alert and email again by signing below you are agreeing to accept these alerts.</i>
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**Parental Consent (If under 18 years old)**

In the event that my son/daughter is injured whilst playing football/travelling to and from football events and I cannot be contacted on the above number, I hereby give my consent for my child to receive medical attention. I, the parent / guardian, recognise that any activity involving motion or contact can create a possibility of injury. I hereby release the Club and its volunteers from claims of any injuries that may be sustained while participating in the program.

**Parent / Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(required for registration)

I agree to be bound by and to observe the Club Rules and The Rules and Regulations of the affiliated Leagues and all Competitions in which the Club participates.

**Player Signature** \_\_\_\_\_ **Parent / Guardian Signature** \_\_\_\_\_  
**Player must sign** (If player is under 18 years old)