# Kick for Kibera Soccer Clinic: Registration Form

**Registration Deadline:** April 3, 2013

*Register by March 14th and get a ‘Kick for Kibera’ T-shirt!*

When: April 14, 2013, 1-5pm (12:30 check-in)

Where: Eddie Smith Field House  
South Road  
Chapel Hill, NC 27599

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### Player Information

<table>
<thead>
<tr>
<th>Player</th>
<th>Name</th>
<th>Age</th>
<th>T-Shirt Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Player 1</td>
<td></td>
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<td></td>
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<tr>
<td>Player 2</td>
<td></td>
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<tr>
<td>Player 3</td>
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<td>Player 4</td>
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<tr>
<td>Player 5</td>
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<td></td>
</tr>
</tbody>
</table>

*To register more than 5 players, please call us or use two registration forms*

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**Contact Person:**

- Name: __________________Relationship to Player__________________
- Address: _____________________________________________________
- City: ________________ State: _______ Zip Code: ____________
- Phone: ________________ Email: _____________________________

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**Are you registering with a team/family? If so, please specify__________________________**

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**Payment**

- Donation Enclosed: $__________ (cash or check only)
  - Recommended donation: $50 per individual player, or $40 per player for teams or families registering together.
  - Please make checks payable to *Carolina for Kibera* and send to the address below. All proceeds from this clinic will support CFK’s Soccer Program in Kibera.

Carolina for Kibera  
301 Pittsboro St. Ste. 3002  
Campus Box 5145  
Chapel Hill, NC 27599  
Tel: +1 919-962-6362
Please email soccerclinic@carolinaforkibera.org if you have any questions.

**Waiver**

I, __________________________ (Player representative) do hereby give permission for the staff of the clinic to seek during the period of the clinic appropriate medical attention for the participant and for the medical attention to be given and for the participant to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment.  
I, the undersigned, hereby acknowledge and understand that the 2013 CFK Soccer Clinic is a privately run sports clinic, and is not operated by or through the University of North Carolina at Chapel Hill. The Clinic is neither sponsored, controlled, nor supervised by the University of North Carolina at Chapel Hill.  
I, the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge CFK Soccer Clinic, and the University of North Carolina at Chapel Hill and its staff, officers, agents, employees, representatives, volunteers and assigns from any and all liability, claims, demands, actions, and causes of actions whatsoever arising out of or related to any loss, personal injury, or property damage that may be sustained or occur during participation in Clinic activities.

Signature: __________________________________________ Date: ____________________  
Relationship to Player__________________________________________________________

Please note any pertinent medical issues: __________________________________________

____________________________________________  
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**Clinic Organizers**

The Kick for Kibera Soccer Clinic is organized by Carolina for Kibera (cfk.unc.edu) and run by the UNC Women’s Soccer Team. All proceed from the clinic will benefit CFK’s Sports Association in Kenya. Carolina for Kibera is a non-profit organization committed to developing local leaders, catalyzing positive change, and alleviating poverty in the Kibera slum of Nairobi, Kenya.
Day-Of Reminders
*Please keep this page for your reference

What: ‘Kick for Kibera’ Soccer Clinic

When: April 14, 2013, 1-5pm (12:30 check-in)

Where: Eddie Smith Field House
South Road
Chapel Hill, NC 27599

Things to Bring:

• Water

• Personal Soccer Gear
  o Shin guards
  o Cleats
  o Soccer Ball

• Items you’d like autographed by 2012 National Champion Women’s Soccer Team!