



4-Year Old Introduction to Sports **DEERFIELD COMMUNITY CENTER 2010**

This five-week program is for children that have turned four years old by June 1, 2010. Each week, we will focus on introducing a new sport. Fee is \$30 and includes a t-shirt. Volunteer coaches are needed to run this program, so please consider helping your child have a great experience. Deadline Oct. 1, 2010.

Oct. 16-Soccer at Deerfield Comm. Park (DHS Small Gym if raining) 10:30-11:30 am

Oct. 23-T-ball at Deerfield Community Park (DHS Small Gym if raining) 10:30-11:30

Oct. 30- Basketball at Deerfield Elementary School 10:30-11:30

Nov. 7- Day off-No program

Nov. 13- Kickball at Deerfield High School Small Gym 10:30-11:30

Nov. 20- Track Day at Deerfield High School Sm. Gym 10:30-11:30

Player's Name _____ Grade ____ Age ____
Gender ____ Birthdate _____ Shirt size YS YM YL AS AM

Address _____

Medical Information _____

Parent/Guardian's Name _____ Home Phone _____
Work Phone _____ Cell Phone _____ E-mail _____

Volunteers needed (please circle one): Coaching/Helper Volunteer information: _____
(Name)

Please send to DCC, PO Box 404, 3 W. Deerfield, WI 53531

IMPORTANT

Participation Waiver

Please read and sign the following

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Deerfield Community Center (the "DCC") and DCC's sports policy, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with youth programs (the "Programs") and in consideration for the DCC accepting the registrant for its Programs and activities, I hereby release, discharge and/or otherwise indemnify the DCC, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Printed Name of Parent/Legal Guardian

Signature

Date

DEERFIELD COMMUNITY CENTER OFFICIAL USE ONLY

Registration fees:

Player's fee: -----	\$ _____	Program _____	
Other: -----	\$ _____	Waiver signed and dated _____	Added to database _____
Late fee (if applicable): -----	\$ _____	Parents Code of Ethics signed and dated _____	
TOTAL: -----	\$ _____	Check number: _____	Received by: _____ Date: _____