Deerfield Community Center

2010 Fall Youth Soccer Registration From

***** Deadline Wed., Sept. 8, 2010*****

Player's Name _____ Grade _____ Age _____
Gender_____ Birthday ____

Cost ___$45.00_____ ($10.00 late fee applied after deadline) Skill Level: *Please circle one*

Advanced *Inter.* *Beginner*

Address _____ City _____ Zip _____

Medical Information (Allergies, Asthma, ect.)_____

Parent/Guardian's Name _____

Home Phone _____ Cell Phone _____ Email _____

Shirt Size *Youth*: 6/8, 10/12, 14/16, *Adult*: Sm, Md, Lg

Please circle one

This and other DCC programs are possible only through local support

Are you interested in volunteering for any of our youth program? _____ What Sport? _____
What is your interest? **(Please circle one)** Coaching Assistant Coaching Referee Other _____
Please provide us with your preferred contact information: _____
Name

_____ _____ _____
Daytime phone Evening phone E-mail

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"), 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

Return form and Fees to:

Deerfield Community Center 3 W Deerfield St. or by mailing to PO Box 404, Deerfield, WI 53531

DEERFIELD COMMUNITY CENTER OFFICIAL USE ONLY

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