



Deerfield Community Center

Spring Soccer League 2010

Registration Form



**** Deadline is Friday, February 26, 2010 ****

Player's Name _____ Grade _____ Age _____
 Birthday _____

Did your child play in the Fall 2009 League (if yes, sign the bottom) ___ Yes
 No

Address _____ City _____ Zip _____

Medical Information (Allergies, Asthma, ect.) _____

Parent/Guardian's Name _____

Home Phone _____ Cell Phone _____ Email _____

Jersey Size (if you did not play in fall 2009)
 Sm, Med, Lg

Youth: 10/12, 14/16, **Adult:**

Volunteer (Please circle one)

Coach

Assistant Coach

Please provide us with your preferred contact information: _____
 Volunteer's Name

IMPORTANT

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

DCC OFFICIAL USE ONLY:

Player fee:	\$ _____	Added to Database
Late Fee:	\$ _____	
Total	\$ _____	Check #

*Make Checks payable to DCC
 Cost \$45 for new players,
 \$35 for returning (Fall 2009)*

