Deerfield Community Center

4K Little Kickers Program 2014

Registration Form

***** Deadline is Friday, March 14, 2014 *****

Player's Name _____ Grade ____ Age ____ Birthday _____

Address _____ City _____ Zip _____

Medical Information (Allergies, Asthma, ect.)_____

Parent/Guardian's Name _____

Home Phone _____ Cell Phone _____ Email _____

Jersey Size *Youth*: 6/8, 10/12, 14/16, ***Adult***: Sm, Med, Lg

Volunteer (Please circle one) Coach Assistant Coach

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

Make Checks payable to DCC Cost $35, Add $10 fee after March 14, 2014

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

Youth Participant Under 19: Concussion Participation Requirements

As the Parent/Guardian of a youth participant, I agree that by signing this form that I have read the attached Concussion Information Sheet, also available at www.DCCenter.org In addition, I agree that if my child shows symptoms of a concussion or head injury that he/she is to be removed from the competition until such time that a healthcare professional can examine my child and provide written clearance to my child's coach for my player to return to play soccer.

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Parent/Guardian Signature **Date**