



Deerfield Community Center Dogs Youth Football 2014



Registration will be held at 5:30-7:00 PM on April 30, 2014 at the Deerfield Community Center

League registering for: *(Please circle one)* 5th/6th Grade Level 7th Grade Level 8th Grade Level

Player's Name _____ Grade in 2014/2015 school year ____ Age ____
 Birthday _____

Registration Cost \$140 (all families need to volunteer this year) (add late fee of \$10 if after April 30)

Address _____ City _____ Zip Code _____

Medical Information (Allergies, Asthma, etc.) _____

Parent/Guardian's Name(s) _____

Home Phone _____ Cell Phone _____ Email _____

Did you receive a new jersey last year? _____ If no, does his jersey still fit? _____ If not, what size would your child like? Jersey Size Needed: _____

*****VOLUNTEER INFO: EACH FAMILY MUST VOLUNTEER FOR ONE OF THE FOLLOWING ACTIVITIES. Game time volunteer sign up sheets will be emailed at a later time.**

What is your interest? **Coaching Assistant Coaching**
During games: Sideline Marker (need 3 people/game) Score-clock Operator Game Announcer
Field Setup Field Takedown Concessions Volunteer 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 _____

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.

Parent/Guardian Signature _____ Date _____

Return form and fee to: DCC, 3 W. Deerfield, PO Box 404, Deerfield, WI 53531

