

## Deerfield Community Center Fall Soccer League 2014 Registration Form



\*\* Deadline is Friday, Sept. 5, 2014 \*

Return to DCC 3 W. Deerfield St., Deerfield, WI 53531 Questions call 608-764-5035

Player's Name Birthday		Age	Gender
Cost <u>\$50.00</u> (\$10.00 late fee applied after	deadline)		vel: <u>Please circle one</u> nter Beginner
Address	City		Zip
Medical Information (Allergies, Asthma, etc.)			
Parent/Guardian's Name			
Home Phone Cell Phore	ne	Ema	ail
Shirt Size Youth: 10/12, 14/16, Adult: Sm,	Md, Lg <u>Please</u>	circle one	
What is your interest? ( <b>Please circle one</b> ) Coach Please provide us with your preferred contact inform	•	•	
1 5 1		ne and email addres.	

Please read and sign the following		
I, the parent/guardian of the registrant, a minor, a	agree that the registrant and I wi	ll abide by the rules of the Deerfield
Community Center (the "DCC"), its affiliated or	ganizations and sponsors. Recog	nizing the possibility of physical
injury associated with youth programs (the "Prog	grams") and in consideration for	the DCC accepting the registrant for
its Programs and activities, I hereby release, disc	charge and/or otherwise indemni	fy the DCC, its affiliated organizations
and sponsors, their employees and associated per		
Programs, against any claim by or on behalf of the		
and/or being transported to or from the same, wh		
As the parent or legal guardian of the above-nam		
under whatever conditions are necessary to prese	erve the life, limb or well being	of my dependent.
Printed Name of Parent/Legal Guardian	Signature	Date
Timed Name of Fareny Legar Ouardian	Signature	Date
Youth Participant Under 19: Concussion Par	ticipation Requirements	
Youth Participant Under 19: Concussion Par	ticipation Requirements	
		form that I have read the Concussion
<u>A</u> s the Parent/Guardian of a youth participan	nt, I agree that by signing this <b>b</b>	
<u>A</u> s the Parent/Guardian of a youth participan Information Sheet available at www.DCCente	nt, I agree that by signing this f er.org In addition, I agree that	t if my child shows symptoms of a
<u>A</u> s the Parent/Guardian of a youth participan Information Sheet available at www.DCCente concussion or head injury that he/she is to be	nt, I agree that by signing this f er.org In addition, I agree tha removed from the competition	tt if my child shows symptoms of a a until such time that a healthcare
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