

## **Deerfield Community Center**

## Fall Soccer League 2015 Registration Form



\*\* Deadline is Friday, Sept. 4, 2015 \*

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

Player's Name Birthday		Grade _	Age	Gender
Cost <u>\$50.00</u> (\$10.00 late fee app Address				ŭ
Medical Information (Allergies	s, Asthma, etc.)			
Parent/Guardian's Name				
Home Phone	Cell Phone	e	E1	mail
Shirt Size <u>Please circle one</u> Evening Practice days my child is				
What is your interest? ( <b>Please</b> of Please provide us with your pre	circle one) Coachi	ng Assistant (	Coaching Ref	feree Other
Please provide us with your pre	acted contact inform	Nan	ne and email addi	ress
and sponsors, their employees	egistrant, a minor, agree ""), its affiliated organiz rograms (the "Programs ereby release, discharge and associated personn y or on behalf of the re- from the same, which to n of the above-named p	zations and sponsors") and in consider e and/or otherwise nel, including the ogistrant as a result ransportation I her layer, I hereby give	rs. Recognizing ation for the DC indemnify the lawners of fields of the registrante by authorize.	the possibility of physical CC accepting the registrant for DCC, its affiliated organizations and facilities utilized for the t's participation in the Programs nergency medical care given
Printed Name of Parent/Legal	Guardian	Signature		Date
Youth Participant Under 19st As the Parent/Guardian of a	youth participant, I a	ngree that by signi	ng this form th	nat I have read the Concussion
Information Sheet available concussion or head injury th	at he/she is to be remo	oved from the con	petition until	