4-Year Old Introduction to Sports
Deerfield Community Center 2017

This five-week program is for children that are currently attending the 4K program, school year 2017-2018. Each week, we will focus on introducing a new sport. Fee is $35 and includes a t-shirt. Volunteer coaches are needed to run this program, so please consider helping your child have a great experience. Deadline Sept. 22, 2017.

Oct. 7- Soccer at **Deerfield Comm. Park (DHS Small Gym if raining)** 10:30-11:30 am
Oct. 14 - Basketball at **Deerfield Elementary School Gym** 10:30-11:30 am
Oct. 21 - T-ball at **Deerfield High School Small Gym** 10:30-11:30 am
Oct. 28 - Kickball at **Deerfield High School Small Gym** 10:30-11:30 am
Nov. 4 - Track and Fun Day at **Deerfield High School Small Gym** 10:30-11:30 am

Player's Name _____ Gender ____ Birthday ___/___/___
Shirt size : (Please circle one) YS YM YL
Medical Information: _____

Parent/Guardian's Name #1: _____Cell_____Email_____
Parent/Guardian's Name #2: _____Cell_____ Email_____

Volunteers needed **(please circle one if interested in helping)**: Coaching / Helper

Please drop form and payment at DCC located at 3 W. Deerfield Street **(mail slot in door if needed)** or send to us at:
DCC
PO Box 404
Deerfield, WI 53531
Phone # 608-764-5935 with any questions

Participation Waiver

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") and DCC's sports policy, 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**

DEERFIELD COMMUNITY CENTER OFFICIAL USE ONLY

Registration fees:

Player's fee: (Circle one) $35 or $45 (Late fee) Paid by Check # or Cash Added to database Late fee (if applicable): -----