_	ration Form esday, March 3, 2020 **
ayer's Name	Grade Age Birthday
edical Information (Allergies, Asthma, etc.)	
arent/Guardian's Name 1:	Email 1: Email 2:
none 1: Phone 2: vening Practice days my child is available (plo <u>nirt Size</u> : Fall 2019 players will use existing ew 2020 players <u>Youth sizes</u> (circle): 6/8 – s	
olunteer (Please circle one) Coach, Assis	stant Coach Name:
Make Checks payable to DCC	C — (First Game on April 4 th)
IMPORTANT Please read and sign the following I, the parent/guardian of the registrant, a minor, agree Community Center (the "DCC"), its affiliated organi injury associated with youth programs (the "Program its Programs and activities, I hereby release, discharg and sponsors, their employees and associated person Programs, against any claim by or on behalf of the re and/or being transported to or from the same, which	be that the registrant and I will abide by the rules of the Deerfield izations and sponsors. Recognizing the possibility of physical ns") and in consideration for the DCC accepting the registrant for ge and/or otherwise indemnify the DCC, its affiliated organizations mel, including the owners of fields and facilities utilized for the egistrant as a result of the registrant's participation in the Programs transportation I hereby authorize.
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