4-Year Old Introduction to Sports Deerfield Community Center 2015

_Grade ____ Age___

This five-week program is for children that are currently attending the 4K program, school year 2015-2016. Each week, we will focus on introducing a new sport. Fee is \$30 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. 25, 2015.

- Oct. 10-Soccer at Deerfield Comm. Park (DHS Small Gym if raining) 10:30-11:30 am
- Oct. 17- Basketball at **Deerfield Elementary School Gym** 10:30-11:30 am
- Oct. 24- T-ball at **Deerfield High School Small Gym** 10:30-11:30 am

Player's Name _____ Grade ___ Age_
Gender ___ Birthdate ____ Shirt size YS YM YL AS AM

Player's Name _____

- Oct. 31- Kickball at Deerfield High School Small Gym 10:30-11:30 am
- Nov. 7- Track and Fun Day at **Deerfield High School Small Gym** 10:30-11:30 am

Address		
Medical Information		
Parent/Guardian's Name Work PhoneCell Pho	ne E-mail	Home Phone
Volunteers needed (please circle one): Co		on:
Please send to DCC, PO Box 404, 3 W. Deerfield, WI 53531		
Participation Waiver		
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 abovenamed 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: \$	Program	-
Other: \$	Waiver signed and dated	Added to database