

Deerfield Community Center Sports Registration

Program Name	Participant Name (First and Last)	Gender	Grade	Birthdate	Jersey Size YS, YM, YL, YXL, AS, AM, AL, AXL	Skill Level and Height (Beg, Int, Adv)	Fee
						After deadline add \$10 late fee	

Total Fee:

List any allergies or other medically necessary information needed about the participant:

(confidentiality of course) _____

Parent/Guardian's Name _____

Address _____

Home Phone _____ Cell Phone _____ E-mail _____

Volunteers needed (please circle one): Coaching Asst. Coaching Referee Concession Open Gym Supervisor

Volunteer's name: _____

Please make checks payable to DCC and return form and fee to:

Deerfield Community Center 3 W Deerfield St. or by mailing to PO Box 404 Deerfield, WI 53531

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. In addition, I give consent for DCC to utilize pictures of my child that they have participated in to promote programs.

Printed Name of Parent/Legal Guardian

Signature

Date

Youth Participant Under 19: Concussion Participation Requirements

As the Parent/Guardian of a youth participant, I agree that by signing this form that I have read the Concussion Information Sheet available at www.DCCenter.org In addition, I agree that if my child shows symptoms of a concussion or head injury that he/she is to be removed from the competition until such time that a healthcare professional can examine my child and provide written clearance to my child's coach for my player to return to play soccer.

Parent/Guardian Signature

Date