



Deerfield Community Center

Fall Soccer League 2019

Registration Form - for K-3rd grade



**** Deadline is Friday, Sept. 6, 2019 ****

Return to DCC - PO Box 404, 10 Liberty St. Deerfield, WI 53531 Questions? 608-764-5935

Player's Name _____ Grade _____ Age _____ Gender _____

Cost \$50 Fall Session or **\$90** for **both** Fall 2019 and Spring 2020 Sessions (circle your preference). Add a \$10 late fee if after September 6th

Skill Level: (*Please circle*) *Adv.* *Inter.* *Beginner*

Medical Information (Allergies, Asthma, etc.) _____

Parent/Guardian's Name #1 _____ Cell: _____ Email: _____

Parent/Guardian's Name #2 _____ Cell: _____ Email: _____

Shirt Size *Please circle one* **Youth:** Sm, Md, Lg **Adult:** Sm, Md, Lg

Evening Practice days my child **is available** (please circle) Tuesday and/or Thursday

What is your interest? (**Please circle one**) Coaching Assistant Coaching - Coach shirt size _____

Please provide us with your preferred contact information: _____
(Name and email address)

IMPORTANT
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"), 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 _____

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.DCCCenter.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 _____
