DEERFIELD COMMUNITY CENTER
DOGS YOUTH FOOTBALL 2009

Registration will be held at 6-7:30 PM on April16, 2008 at the Deerfield Community Center

League registering for: *(Please circle one)* 5 th/ 6 th Grade Level 7 th Grade Level 8 th Grade Level

Player's Name _____ Grade in 2009/2010 school year ___ Age _____ Bir

Registration Cost $107 per player (add late fee of $10 if after April 16)

Address _____ City_____ Zip Code_____

Medical Information (Allergies, Asthma, etc.)_____

Parent/Guardian's Name(s) _____

Home Phone _____Cell Phone_____ Work Phone _____Email _____

Did you receive a new jersey last year?_____If no, what size would your child like?
Jersey Size Needed: _____

******VOLUNTEER INFO: EACH FAMILY MUST VOLUNTEER FOR ONE OF THE FOLLOWING ACTIVITIES OR ADD $10 TO ABOVE FEE.**

What is your interest? **Coaching Assistant Coaching Fundraising Committee**
During games: Sideline Marker (need 3 people/game) Score-clock Operator Game Announcer
Field Setup Field Takedown Concessions Volunteer Name_____

Please provide us with emergency contact information if you are not available: _____

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

DEERFIELD COMMUNITY CENTER OFFICIAL USE ONLY

Registration fees:

Player's fee: $ _____ Added to database _____

TOTAL: $ _____ Check number: _____

Return form and payment to
DCC, 3 W. Deerfield or by mail:
PO Box 404, Deerfield WI 53531