



# Deerfield Community Center

## 2009 Fall Youth Soccer

### Registration Form



**\*\* Deadline Friday, Aug. 28 , 2009\*\***

Player's Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_  
 Gender \_\_\_\_\_ Birthday \_\_\_\_\_

Cost  \$45.00  (\$10.00 late fee applied after deadline) Skill Level:  Please circle one   
*Advanced Inter. Beginner*

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Medical Information (Allergies, Asthma, ect.) \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Shirt Size *Youth: 6/8, 10/12, 14/16, Adult: Sm, Md, Lg*  
*Please circle one*

**This and other DCC programs are possible only through local support**

Are you interested in volunteering for any of our youth program? \_\_\_\_\_ What Sport? \_\_\_\_\_

What is your interest? (**Please circle one**) Coaching Assistant Coaching Referee Other \_\_\_\_\_

Please provide us with your preferred contact information: \_\_\_\_\_  
 Name

Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_ E-mail \_\_\_\_\_

**IMPORTANT**  
 Participation Waiver  
*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 \_\_\_\_\_

**Return form and Fees to:**  
**Deerfield Community Center 3 W Deerfield St. or by mailing to PO Box 404, Deerfield, WI 53531**

DEERFIELD COMMUNITY CENTER OFFICIAL USE ONLY			
<i>Registration fees:</i>			
Player's fee: -----	\$ _____	Program _____	Added to database _____
Late fee (if applicable): ----	\$ _____		
Other: -----	\$ _____	Waiver signed and dated _____	Parents Code of Ethics signed and dated _____
TOTAL: -----	\$ _____	Check number: _____	Received by: _____ Date: _____

