

SUMMER SOCCER REGISTRATION

Soccer groupings are as follows: going into (k-2) (3-5) (6-8)
 First Child: \$25.00 Second Child: \$ 15.00 Third Child: \$ 10.00
 *One application per child

Grade entering in September _____ (K, 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th)
 Number of years played? _____
 If you are in the group (k-2) Do you wish to stay with last year's coach? YES / NO.
 Last year's coach _____

Shirt size:
 (Adult) ___ small (child) ___ small
 ___ med. ___ med.
 ___ large ___ large
 ___ XL
 ___ 2XL

Player's Name: _____ (boy/girl). Age: _____ DOB: _____
(Last name) (First) (M.I)

Do you have a sibling in the same age group: YES NO If YES do you want them on the same team: YES NO

Please indicate sibling's full name: _____.

HEALTH INFORMATION

The Dansville Summer Soccer insurance is a **secondary coverage**. You must first submit your claims to your primary carrier and then to us for subsequent payment. There is a deductible fee.

INSURANCE CARRIER: _____ POLICY #: _____

POLICY HOLDER: _____

I HAVE NO HEALTH INSURANCE: _____

Please list any pertinent health information or handicaps, the coaches should know about (i.e. allergies and or medications).

I give the Dansville Summer Soccer League permission to obtain medical care from any licensed physician, and hospital at such time as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all league activities; and we do hereby waive, release, absolve, indemnify and agree to hold harmless the local Dansville Summer Soccer League; the organizers, supervisors, participants, and persons transporting the player to and from those activities, for any claim arising out of any injury to the player.

By signature below, I acknowledge that I have read and understood the **secondary coverage** for health insurance and assign permission for the Dansville Summer Soccer League to seek emergency medical care for my child if they are unable to locate me.
 (Only one signature required)

Parent's Name (Please Print) _____

Signature: _____

Parent Address

	Father	Mother
	First Last	First Last
Name		
Mailing Address		
Email Address		
Home Phone		
Cell Phone		

***Best number to reach Parent/Guardian for dispersal of information is _____

- Yes, this number has texting ability and you can text me with pertinent information (ie, practice times, game times)
- No, this number does not have texting ability.

If we cannot locate parent, please contact: _____

(Name: Last, First)

(home phone)

(cell phone)

Would you be interested in any of the following: (please circle) Coaching Assistant Coach Lining Fields

* Please send registration form along with a check made out to Dansville Soccer Club by: April 25, 2011 to:
Dansville Summer Soccer
P.O. Box 342
Dansville, N.Y. 14437

In order to distribute teams equally, request for specific team can not be honored if changing age groups. There will be a draft for kids entering into the 3th – 8th grades. Parents please remember NO PARKING behind the school. This is for Emergency Vehicles Only.

<http://www.dansvilletravelsoccerclub.com/rec-soccer.html>

For board members use:

**Date received: _____ Board Member receiving Pmt _____
Paid by: Check # _____ Amount \$ _____ Cash: _____ Amount \$ _____