

DUNELAND SOCCER CLUB (www.dunelandsoccer.org)

FALL 2010 – TRAVEL REGISTRATION

Thursday, June 3 and Tuesday, June 8, Library Service Center, 100 W. Indiana Ave., 6:30pm – 8:00pm

TRAVEL Registration Requirements (Documents = Registration Form + Liability Waiver + Medical Information)

- **AGE** - Travel players must have birthdates between **AUG 1, 1996 to JULY 31, 2002**.
- **PHOTO** - All registrations must include a wallet-sized photo of the player for their NWISL player card.
- **BIRTH CERTIFICATE** - Players new to the Duneland Soccer Club must provide a photocopy.
- **UNIFORM** - Players new to Travel soccer must purchase a uniform.
- **Registrations received after June 19 must include a \$25 per player Late Registration Fee.** Players who register and pay the Late Fee will be waitlisted until a roster spot becomes available.

Player Name: _____ Birth Date (Month/Day/Yr): ___/___/___

Address: _____ Gender: _____ Male _____ Female

City/State: _____ Zip: _____

Current Grade: _____ School: _____

Email Address: _____

Please circle the primary phone number that the Coach or Club should use to contact the parent/player.

Father's Name: _____ Phone: _____ Cell: _____

Mother's Name: _____ Phone: _____ Cell: _____

Previous Coach: _____ Would you prefer a different coach? YES or NO

If Yes, why? _____

I have read and agree to abide by the Duneland Soccer Club's Parental Code of Conduct.

(Parent or Guardian must sign for valid registration.)

REGISTRATION FEES:

Registration Fee (U10, U12, U14):	\$75	\$
Discount (circle one): Family * or Head Coach **	////////////////////	\$ ()
Travel Uniform Fees		\$
Late Registration Fee (Registrations received after June 19):	\$ 25	\$
TOTAL REGISTRATION FEES DUE:	////////////////////	\$
TOTAL PAID: CASH or CHECK # _____ (Make check payable to: Duneland Soccer Club or D.S.C.)	////////////////////	\$

* Family Discount – Registration fee for the 3rd child registered is waived

** Head Coach Discount – Registration fee waived for child of parent coach. (Only one discount per team.)

DUNELAND SOCCER CLUB
PARENTAL PERMISSION & MEDICAL RELEASE
For :

Print Child's Name above line

Fathers Name _____	Cell Phone _____
Home Phone _____	Work Phone _____
Address: _____	

Mothers Name _____	Cell Phone _____
Home Phone _____	Work Phone _____
Address: _____	

Email: _____

If parents are divorced, what are custody agreements?

My child, _____, has my permission to participate in the activities of the Duneland Soccer Club's practices, games and transportation to and from said activities by individuals affiliated with the Duneland Soccer Club. He/she is in good physical condition and has not had any serious illness or operation since his/her last health examination.

Furthermore, if I cannot be reached in the event of an emergency, I authorize the Coach or his representative to act on my behalf. I give my permission for my child to be treated in a hospital or convenience center in case of an emergency. I hereby agree to save harmless and indemnify the Duneland Soccer Club and the above named persons from any and all expenses arising out of treatment in said hospital or convenience center.

Parent/Guardian Signature _____
date

Please indicate any allergies, medications, disabilities, special concerns and/or health restrictions:

Physician Name: _____ Phone: _____

Date last tetanus: _____ Date last physical exam: _____

**THIS IS A WAIVER & RELEASE AGREEMENT FOR
DUNELAND SOCCER CLUB & TOWN OF CHESTERTON & CHESTERTON
PARK DEPARTMENT FOR
DUNELAND SOCCER CLUB ACTIVITIES AT ANY TOWN PARK
THIS IS A WAIVER & RELEASE OF ALL CLAIMS**

Please read this *form* carefully and be aware that in *signing* up and participating in this program you will be 'waiving and releasing *all claims* for injuries you *might sustain* arising out of this program.

THIS IS A RELEASE

"As the parent/guardian of a participant in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which the participant may sustain as a result of participating in any and all activities connected with or associated with such program"

"As the parent/guardian of a participant in this program I agree to waive and relinquish all claims that I or the participant may have as a result of participating in the program against the above named entities and its officers, agents, and employees.

"As the parent/guardian of a participant in this program I do hereby fully release and discharge the above named entities and its officers, agents, servants and employees from any and all claims from injuries, including death, damage or loss which I or the participant may have or which may accrue to me or the participant on account of participation in the program.

"As the parent/guardian of a participant in this program I further agree to indemnify and hold harmless and defend the above named entities and Its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by the participant and arising out of, connected with, or in any way associated with the activities of the program.

I have read and fully understand the above and I fully understand that **"THIS IS A RELEASE!"**.

Player / Participant Name (please print)	Signature (if over 18)
Parent / Guardian Name (please print)	Signature