

Dorchester County Youth Soccer League

Registration Form 2017
All Participants **Must** Register Every Year

REVERSE MUST BE SIGNED

PLEASE PRINT

Team if played last year _____

Child's Name _____ Date of Birth _____ Age (as of 9- 1-17) _____

Parent / Guardian Name _____ Phone # _____

Address _____

City _____ Zip Code _____

School _____ Grade _____

Parent / Guardian Email _____

Permission to Post Pictures of Player Online (Circle): Yes - No

Age Division (Circle): Junior (ages 8-10) Senior (ages 11-13)

Jersey Size (Circle): Youth S - Youth M - Youth L - Adult S - Adult M - Adult L

I AM WILLING TO HELP WITH THE FOLLOWING (Circle):

COACHING - OFFICIATING - SPONSORING

REGISTRATION DEADLINE *JULY 7, 2017*

REGISTRATION FEE IS \$50.00 PER CHILD

PAYMENTS ARE TO BE MADE PAYABLE TO DCYSL

Return this completed form to Dorchester County Recreation & Parks, 446 Willis Street, Cambridge, MD 21613 as soon as possible. All registrations are due by July 7, 2017. **Registrations received after July 7, 2017 will be placed on a waiting list.** If you have any questions, you may call Dorchester County Recreation & Parks office at 410-228-5578.

DORCHESTER COUNTY YOUTH SOCCER LEAGUE

I/WE, THE PARENT(S), GUARDIAN(S) OR OTHER LEGAL CUSTODIAN(S) OF THE MINOR CHILD WHO IS A CANDIDATE FOR A POSITION ON A DORCHESTER COUNTY YOUTH SOCCER TEAM HEREBY CONSENT AND APPROVE THE PARTICIPATION OF SAID CHILD IN ANY AND ALL LEAGUE ACTIVITIES DURING BOTH THE CURRENT SEASON AND ANY POST SEASON OR EXTRA SEASON PLAY, AND ALL ACTIVITIES IN SUCCEEDING YEARS UNTIL THIS RELEASE IS REVOKED BY ME/US IN WRITING. I/WE ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO THE ACTIVITIES, AND HEREBY WAIVE, RELEASE, ABSOLVE AND AGREE TO HOLD HARMLESS THE DORCHESTER COUNTY RECREATION AND PARKS BOARD MEMBERS AND STAFF, DORCHESTER COUNTY COMMISSIONERS, ORGANIZERS, SPONSORS, SUPERVISORS, OFFICERS AND DIRECTORS OF THE LEAGUE, COACHES, REFEREES, FIELD AND FACILITY OWNERS, OTHER GAME OFFICIALS AND PARTICIPANTS, AS WELL AS PERSONS TRANSPORTING SAID CHILD.

I/WE UNDERSTAND THAT IT IS THE RESPONSIBILITY OF THE PARENTS OF THE PLAYERS TO MAKE CERTAIN THAT THEIR CHILDREN ARE IN SOUND PHYSICAL CONDITION BEFORE AND DURING THE TIME THEY ENGAGE IN LEAGUE PRACTICE AND PLAY. I/WE UNDERSTAND THAT THE LEAGUE RECOMMENDS THAT ALL CHILDREN WHO PARTICIPATE IN ANY LEAGUE ACTIVITY BE EXAMINED BY A PHYSICIAN, TO DETERMINE THERE ARE NO PHYSICAL OR MENTAL DISABILITIES WHICH WOULD IN ANY WAY IMPAIR MY/OUR CHILD'S ABILITY TO FULLY PARTICIPATE IN ANY LEAGUE ACTIVITY, PRACTICE OR GAME.

I/WE HEREBY CONSENT AND AGREE THAT IN THE EVENT WE ARE NOT PRESENT, ANY COACH, REFEREE OR OTHER GAME OFFICIAL, OR ANY OFFICER, OUR DIRECTOR, OR THE LEAGUE MAY CONSENT TO EMERGENCY MEDICAL TREATMENT OF MY/OUR CHILD WHICH MAY BE PROVIDED BY ANY LICENSED PHYSICIAN AND/OR ANY HOSPITAL ON MY/OUR BEHALF. A PERSON SO CONSENTING IS HEREBY RELEASED FROM ANY LIABILITY WHATSOEVER WHICH MAY OTHERWISE ARISE AS A RESULT OF CONSENTING TO SUCH TREATMENT. ANY HOSPITAL AND OR PHYSICIAN MAY RELY UPON SUCH CONSENT TO THE SAME EXTENT AS IF ME/US AND SUCH CONSENT REMAINS IN FORCE UNTIL PERSONALLY REVOKED BY ME/US GAVE IT. A PHOTOCOPY OF THIS DOCUMENT SHALL BE ACCEPTED AND HAVE THE SAME FORCE AND EFFECT AS AN ORIGINAL.

I/WE UNDERSTAND THAT MY/OUR SIGNATURE(S) CONSTITUTES MY/OUR AGREEMENT AND CONSENT TO ALL OF THE ABOVE. IT FURTHER CONSTITUTES MY/OUR ACKNOWLEDGEMENT THAT I/WE HAVE READ AND UNDERSTAND ALL OF THE ABOVE AS WELL AS RECEIPT OF NOTICE AND MY/OUR RIGHT TO SEEK LEGAL COUNSEL WITH RESPECT TO ANYTHING CONTAINED HEREIN.

SIGNATURE OF PARENT/GUARDIAN

DATE

SIGNATURE OF PLAYER

DATE