

FALL 2014 Dover Soccer Association

Rec. SOCCER REGISTRATION

Registration must be completed by July 25. Complete one registration form per child. Send all information to John Loffredo – 125 Superior Ave, Dover.

Provide a copy of your child's **birth certificate**, DSA registration **form**, and the registration **fee**.

Make checks payable to Dover Soccer Association. U8-U12 Recreational League Fee is \$40 total. (1st – 6th grade can play rec. league.) Practices and games are usually Mondays and Saturdays.

U6 = **Kindergarten** students (fall 2014) will have practices and games on Saturdays only. Kindergarten fee is \$25.

Save \$10 if forms and fee are returned by June 1. Late fee of \$10 for all registration after July 25. Make checks payable to Dover Soccer Association. Send to John Loffredo 125 Superior Ave. Dover, OH 44622. **There is a \$5 discount for each additional child in a family.**

First Name: _____

Last Name: _____

School: _____ Teacher: _____

Gender: _____ Grade: (Fall 2014) _____

Parent(s) /Guardian(s): _____

Date of Birth: _____ Age as of August 1, 2014 _____

Mother's Month and Day of Birth: _____

Address: _____

City: _____ State _____ Zip _____

All children must live in Dover or attend school in Dover.

Friend request _____ (not guaranteed)

Home Phone: _____

Cell Phone: _____

Email: _____

Shirt Size (circle one)

YS YM YL AS AM AL AXL

For more information and forms are available at

doversoccer2011@gmail.com - www.dsasoccer.net

If you have any questions, contact John Loffredo 330-343-6656

DOVER SOCCER ASSOC., INC YOUTH SOCCER PLAYER FORM

To: **Parent/Guardian of youth soccer player From:Dover Soccer Assoc., Inc. ("Association")**

Date: **Fall 2014 – Spring 2015**

THE ASSOCIATION IS AN OHIO NON-PROFIT CORPORATION OWNED BY YOU AND OTHER MEMBERS INTERESTED IN PROMOTING SOCCER IN OUR COMMUNITY. IT HAS LIMITED RESOURCES AT THIS TIME AND RELIES ON VOLUNTEERS AND PARENTS/GUARDIANS TO OPERATE THE ASSOCIATION AND THE SOCCER TEAMS. THE INDIVIDUAL SOCCER PLAYERS ("YOUTH") HAVE JOINED THE OHIO YOUTH SOCCER ASSOCIATION NORTH ("OYSAN") OR US CLUB SOCCER, AS IDENTIFIED IN THE ATTACHED MEMBERSHIP FORM; HOWEVER, THE ASSOCIATION ITSELF IS NOT CURRENTLY A MEMBER OF OYSAN OR US CLUB SOCCER. ALSO, PLEASE KNOW THAT THE ASSOCIATION PROMOTES GOOD SPORTSMANSHIP AND CIVIL CONDUCT. THEREFORE, IN FURTHER CONSIDERATION OF THE YOUTH'S, YOUR, YOUR FAMILY MEMBER'S AND YOUR GUEST'S PARTICIPATION AT TEAM EVENTS, PLEASE CAREFULLY CONSIDER THE FOLLOWING:

BY SIGNING THE ATTACHED WAIVER OF LIABILITY FORM AND THIS FORM BELOW YOU ACKNOWLEDGE THAT THE YOUTH WILL BE PLAYING A GAME THAT INVOLVES TRAVELING AND RIGOROUS PHYSICAL PLAY AND THEREFORE RISK OF SERIOUS PHYSICAL INJURY OR DEATH. YOU ALSO ACKNOWLEDGE THAT YOU, YOUR FAMILY MEMBERS AND ANY GUESTS THAT YOU MAY BRING TO TEAM EVENTS RISK PHYSICAL INJURY OR DEATH BY TRAVELING TO TEAM EVENTS AND PARTICIPATING AS SPECTATORS AND GUESTS AT THE FIELDS AND FACILITIES. BY SIGNING THIS FORM BELOW, YOU ARE AGREEING TO ASSUME THESE RISKS ON BEHALF OF THE YOUTH, YOURSELF, YOUR FAMILY MEMBERS AND ANY GUESTS THAT YOU MAY BRING TO TEAM EVENTS.

BY SIGNING THE ATTACHED WAIVER OF LIABILITY FORM AND THIS FORM BELOW YOU ARE RELEASING, DISCHARGING AND/OR OTHERWISE INDEMNIFYING THE ASSOCIATION AND ITS ASSOCIATED PERSONNEL (MEMBERS, BOARD MEMBERS, OFFICERS, ADVISORS, COACHES, ET AL.), INCLUDING THE OWNERS OF THE FIELDS AND FACILITIES (CHARLES AND VIRGINIA DEEDS, ET AL. AND DEEDS INDUSTRIAL PARK, LTD.), AGAINST ANY CLAIMS BY THE PLAYER, YOU, YOUR FAMILY MEMBERS AND ANY GUESTS THAT YOU MAY BRING TO TEAM EVENTS.

BY SIGNING THE ATTACHED GENERAL CONSENT FOR MEDICAL TREATMENT AND THIS FORM BELOW THAT YOU ARE GRANTING CONSENT TO HAVE THE VOLUNTEER COACH PROVIDE AND/OR ARRANGE FOR MEDICAL ASSISTANCE AND/OR TREATMENT TO THE YOUTH, YOURSELF, YOUR FAMILY MEMBERS AND ANY GUESTS THAT YOU MAY BRING TO TEAM EVENTS.

BY SIGNING THIS FORM BELOW YOU ARE ALSO AGREEING TO AT ALL TIMES CONDUCT YOURSELF AND TO CONTROL THE CONDUCT OF THE YOUTH, YOUR FAMILY MEMBERS AND GUESTS, IN LAWFUL, CIVIL, POLITE, SPORTSMANLIKE, RESPECTFUL, NEAT AND ORDERLY WAYS RELATIVE TO THE OTHER PLAYERS, COACHES, OFFICIALS, SPECTATORS, GUESTS AND THE FIELDS AND FACILITIES.

Thank you for your support of the Association and for allowing the youth to participate on the soccer team. The Association encourages you to provide the Association with constructive comments and ideas to further the goal of promoting soccer in our community.

WAIVER OF LIABILITY

I the parent/guardian for the above child release, discharge and/or otherwise indemnify the organization/league/club for which I am registering the child to play, US Youth Soccer, the Ohio Youth Soccer Association North, and/or US Club Soccer, its affiliated sponsors, employees and associated personnel, including the owners of fields and facilities utilized against any claim by or on behalf of the registrant as a result of his or her participation.

GENERAL CONSENT FOR MEDICAL TREATMENT

I give my consent to have an athletic trainer, coach paramedic, and/or doctor of medicine or dentistry provide medical assistance and/or treatment. I agree to be financially responsible for the reasonable cost of such assistance and/or treatment. This consent does not apply to major surgery unless surgery must be performed to treat an emergency condition. Attempts will be made to contact parents of players participating in the program based on information provided on this form.

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Parent/Guardian Signature: _____ Date: _____