

To: Middle School Girls & Boys
From: Glen Schepers
Subject: Middle School Soccer, Traveling Team

Once again it is time for Dubois Middle School Soccer SIGN UPS. This is a School Sport and all School rules will apply.

Forms and additional information can also be found on our website at DuboisYouthSoccer.com

This is a traveling league and therefore we play other area Middle Schools. We will have at least 5-6 away games and 5-6 home games. The home games will be played at the high school. There might also be a tourney at the end of the season, although the location has not been defined.

On the Girls team, we will need grades 6-8 (as of next fall) and possibly grade 5. 5th and 6th grade Girls have the option to play in either or both the Middle School Traveling league and the Youth Soccer League. Youth Soccer League plays on Saturdays and Sundays at Celestine. You must use the Youth Soccer League form if you want to play in that league.

This year we expect 6th, 7th, and 8th grade (as of next fall) Boys to be on one team.

I would like to have forms filled out and returned to me with your money by **April 30, 2011** (give or take a few days).

The cost is \$25.00 per player, and all parents are expected to work assigned shifts in the concession stand. (Make checks payable to Dubois Youth Soccer). Note, we don't have any other fundraisers for soccer, so please support the concession stand.

Please mail forms and payment to me by April 30th.

If you have any questions feel free to call me at 482-6664 or email charglen@psci.net.

Thank you,

Glen Schepers
6879 E Highland Blvd
Celestine IN 47521



Dubois Middle School Soccer Traveling Team

Please Mail to: Glen Schepers
6879 E Highland Blvd
Celestine IN 47521

By around April 30th

Grade in Fall * _____ Boy * Girl *

General Information:

PLAYER NAME _____ Birth Date ____/____/____
First Last Mo/Day/Yr

ADDRESS: _____ Home Phone # _____

CITY _____ STATE _____ ZIP CODE _____

Father's Name _____ Cell Phone # _____

Email _____ Insurance Company Name _____

Mother's Name _____ Cell Phone # _____

Email _____ Insurance Company Name _____

In case of emergency, contact:

Name _____ Phone _____ Relationship to player _____

Name _____ Phone _____ Relationship to player _____

ANY RESTRICTIONS (HEALTH or PHYSICAL)

Please provide information about allergies or medical conditions that the team should have in case of emergency.

If player is on medication, please indicate _____

FAMILY DOCTOR _____ Phone # _____ Hospital _____

Please list any days, times, or holidays during which the player is unavailable for practices or games

Parent or guardian Authorization/Consent:

I/We, parent or guardian of the above youth athlete candidate for a position on the above mentioned team hereby give approval to participate in any and all soccer activities during the current year season. I/We know that participation in soccer may result in serious injuries and protective equipment does not prevent all injuries to players, and I/we assume all risks and hazards incidental to participation: and do hereby waive, release, absolve, indemnify and agree to hold harmless the organization, the organizers, sponsors, supervisors, field owners, participant and persons transporting the youth to and from activities, for any claim arising out of injury to the youth, except to the extent and in the amount covered by accident and/or liability Insurance held by the organization.

In case of emergency, if family physician cannot be reached, I/we hereby authorize my child to be treated by certified emergency personnel (i.e. EMT, First Responder, ER Physician).

I/we also grant permission to managing personnel or other team representatives to authorize and obtain medical care from any licensed physicians, hospital or medical clinic should my child named above becomes ill or injured while participating in activities when neither parent is available to grant authorization for emergency medical treatment.

Parent(s) or Guardian Signature _____ Date _____