

FALL REGISTRATION FORM

DAVID DOUGLAS SOCCER CLUB

P.O. Box 90100 Portland, OR 97290

(503)672-9264 ext. 446

www.ddsoccer.org

Coach, Team or Friend Requested _____

Shirt Size Youth Adult Micro(K & 1st grade)
S M L S M L XL S M L

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____

State _____ Zip Code _____ Phone _____ Birth Date ____/____/____ Age _____

Grade in Fall _____ School Name _____ Male / Female

Father's Name _____ Home Phone _____ Cell Phone _____

Mother's Name _____ Home Phone _____ Cell Phone _____

Email address: _____ Siblings who will also be in the league (List below)

Name _____ Age _____ Name: _____ Age _____

List any medical problems or prohibition player has _____

Emergency contact (If parent can not be reached): _____ Phone: _____

Doctor to notify in emergency _____ Phone _____

Medical Insurance Company _____ Policy Holder _____

Policy # _____ Group # _____

of season's played _____ Last Fall: League _____ Coach _____ Team _____

Volunteer Requirement:

5 hrs per season per player, maximum 10 hrs per family, \$8 per hour billed for hours not fulfilled.

Please check area(s) in which you would be willing to volunteer.

Coach Asst Coach Team Parent Field Prep Volunteer Board Member Referee Other

RELEASE:

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

CONSENT FOR MEDICAL TREATMENT (MINOR):

As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent

X _____ X _____ DATE _____
SIGNATURE OF PARENT/LEGAL GUARDIAN PRINT NAME OF PARENT/LEGAL GUARDIAN

REGISTRAR'S USE ONLY

Birth Certificate _____ Verified _____ Copy _____ Original Form & payment received by _____

Before July 10th, 2009

Fee schedule: \$60 for registration _____ \$80 for Registration & Uniform (Jersey and socks) _____

After July 10th, 2009

Fee schedule: \$70 for registration _____ \$90 for Registration & Uniform (Jersey and socks) _____

Payment: Amount \$ _____ Date _____ Check # _____ Cash \$ _____

Special Notes _____
