

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

Jersey Youth S M L Adult S M L XL Micro (K&1st) XS S M L

Fee schedule: \$70 for the first player, \$60 for each additional family member. Please use a separate form for each player.

Make checks payable to DDSC

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

Parental Support:

We ask for active participation of all parents in our program. Please check area(s) in which you would be willing to help.

Coach Asst Coach Team Parent Field Prep Volunteer Board Member Referee

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.

PHOTO RELEASE:

I, the parent/guardian of the registrant, a minor, hereby waive any claim or cause of action of an nature arising as a result of, or in connection with, the photographic sessions. I also recognize that USYSA and DDSC reserves all rights of photographic images created by these photo shoots for display and/or publicity purposes.

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

REGISTRAR'S USE ONLY

Form & payment received by

Payment: Amount \$ Date Check # Cash \$

Special Notes