

Danvers Youth Soccer Registration Form Instructions

Please read and review this entire sheet of instructions. Then complete the registration form and each of the steps below.

Step 1—Registration Form

The following is an explanation detailing the required content for each field on the form. A separate registration form must be completed for each player. Registration will not be accepted without the appropriate fee and birth certificate. Players will not be rostered if their registration is incomplete.

<u>Last Name, First Name, MI</u>	Full name of the child who is being registered.
<u>Address of Residence</u>	Address of your child's primary residence (Street, City, State, Zip).
<u>Date of Birth</u>	Your child's date of birth.
<u>School & Grade</u>	Your child's school and grade for the season you are registering for.
<u>M/F</u>	Your child's gender—male (M) or female (F)
<u>Home Phone #</u>	Parent/Guardian home telephone number.
<u>Mother's Name</u>	Mother/Guardian name.
<u>Mother's Cell Phone#</u>	Mother/Guardian cell phone number.
<u>Mother's Email</u>	Mother/Guardian email address.
<u>Father's Name</u>	Father/Guardian name.
<u>Father's Cell Phone #</u>	Father/Guardian cell phone number.
<u>Father's Email</u>	Father/Guardian email address.
<u>Medical Problems</u>	List any medical problems.
<u>Primary Medical Insurance Carrier/Policy #</u>	Carrier and policy number under which your child is covered for medical insurance.
<u>Person to Notify in an Emergency / Phone #</u>	Please list an emergency contact name and telephone number. This MUST be different than the home # and cell # listed above. This should be an alternate contact person who can act on behalf of the child if the child's parents cannot be reached.
<u>Doctor to Notify in an Emergency / Phone #</u>	Your child's primary care physician's name and telephone number.
<u>Tournaments (U8 – U10)</u>	If your child is in the U8 through U10 division and interested in playing in tournaments, please check the box for season(s) of interest.
<u>Club Team</u>	Does your child play for a club, please check. If they do play for a club, please list which club.
<u>Abide by Rules and Release</u>	Please read, print your name, sign and date to acknowledge that you have read and agree to the rules and release.
<u>Consent for Medical Treatment (Minor)</u>	Please read, print your name, sign and date to acknowledge your consent.

Step 2—Payment

Please refer to the registration fee table on the next page. The fee is a yearly fee (fall and spring) and the cost is the same per player whether they play fall, spring, or both sessions. Please attach a check, payable to DYS, for the registration fee.

Step 3—Birth Certificate

Registration forms will not be accepted without a copy of a birth certificate for each player being registered. If your child played last season and you are certain that DYS has a birth certificate on file, please indicate that on the form.

Step 4—Photo (for travel division only)

Registration forms will not be accepted without a photo (1" x 1") for each player being registered for the travel division.

Step 5—Mail

Please mail the completed original registration form(s), registration fee payment, birth certificate(s) and photo(s) (for travel division only) to: Danvers Youth Soccer; Dianne MacInnis, Registrar; P.O. Box 428, Danvers, MA 01923.

Important Notes:

- Players must be registered for the fall to attend travel tryouts.
- Special requests to play on a particular team or for a particular coach will not be accepted. DYS makes every effort to create balanced teams. Special requests disrupt this process and are unfair to other players and teams. As always, coaches will be with their own children and same gender siblings in the same age group will be placed on the same team.

Danvers Youth Soccer Registration Fee Table

Fall 2008/Spring 2009			
Fundamentals	U-06	Birth Date: 9/2002 – 8/2003	\$ 50.00
Intramural	U-07 U-08 U-10	Birth Date: 9/2001 – 8/2002 9/2000 – 8/2001 9/1998 – 8/2000	\$ 80.00 Postmarked before 7/1/2008 \$65.
Travel	U-12, U-14	Birth Date: 9/1994 – 8/1998	\$ 90.00 Postmarked before 5/5/2008 \$75.
Travel (Spring Only)	U-16, U-18	Birth Date: 9/1990 – 8/1994	\$ 90.00 Postmarked before 12/15/2008 \$75.
		Family Max	\$165.00 Postmarked before 5/5/2008 \$150.

The fee is a yearly fee (fall and spring) and the cost is the same per player whether they play fall, spring, or both sessions.

***We have implemented a discount policy this year.**

Intramural players you are eligible for a \$15 discount if you pay before July 1, 2008.

Travel players (U12-U14) you are eligible for a \$15 discount if you pay before May 5, 2008.

Travel (U16 and above) you are eligible for a \$15 discount if you pay before December 15, 2008, because you only play in the spring.



DANVERS YOUTH SOCCER

Registration Form



Last Name _____			First Name _____		MI _____
Address of Residence _____			Date of Birth _____	Current School & Grade _____	
City _____	State _____	Zip Code _____	M/F _____	Home Phone # _____	
Mother's Name _____		Cell Phone# _____	Email _____		
Father's Name _____		Cell Phone# _____	Email _____		
Medical Problems _____					
Participant Primary Medical Insurance Carrier _____			Policy Number _____		
Person to notify in an emergency? _____			Phone # _____		
Doctor to notify in an emergency? _____			Phone # _____		

TOURNAMENTS (U8 – U10)	CLUB TEAM
Interested in playing: <input type="checkbox"/> Fall <input type="checkbox"/> Spring	Does your child play for a club? <input type="checkbox"/> If so, what club _____

Abide by Rules and Release	Consent for Medical Treatment (Minor)
<p>I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Danvers Youth Soccer Organization, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the Danvers Youth Soccer Organization accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the Danvers Youth Soccer Organization, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any claim by or on the 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.</p> <p>Name: _____</p> <p>Signature: _____ Date: _____</p>	<p>As Parent or Legal Guardian of the above named player, I hereby give my 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 life, limb, or well being of my dependent.</p> <p>Name: _____</p> <p>Signature: _____</p> <p>Date: _____</p>

For DYS Use Only	
Registration Fee:	<input type="checkbox"/> Payment Received <input type="checkbox"/> Cash , <input type="checkbox"/> Check #: _____ Amt \$ _____ (Payable to DYS)
Birth Certificate:	<input type="checkbox"/> On File <input type="checkbox"/> Attached 1" x 1" Photo (travel division only): <input type="checkbox"/> On File <input type="checkbox"/> Attached

Please visit our website at www.DanversYouthSoccer.org