



DIXON SOCCER CLUB U-6 REGISTRATION FORM



PLAYER INFORMATION

Legal First Name: _____ Middle Initial: _____ Legal Last Name: _____

Date of Birth (MM/DD/YY) _____ Age: _____ Gender: M F Last League & Season: _____

SHIRT SIZE (circle one) YS YM YL YXL

Team/Friend/Coach Request: _____
(All Attempts Will Be Made To Accommodate Requests, However We Cannot Guarantee We Will Be Able to Grant Requests)

Emergency Contact: _____ Phone: _____ Alt Phone: _____

List any medical conditions that player has that could affect participation: _____

Players Physician: _____ Phone: _____

PARENT/GUARDIAN INFORMATION

PRIMARY GUARDIAN: MOTHER FATHER OTHER/LEGAL

Last Name: _____ First Name _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Company & Occupation: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail Address: _____

SECONDARY GUARDIAN: MOTHER FATHER OTHER/LEGAL

Last Name: _____ First Name _____

Home Address: (Same as Above) _____

City: _____ State: _____ Zip Code: _____

Company & Occupation: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail Address: _____

OFFICIAL USE ONLY

BIRTH DOC RCVD
BIRTHDATE VERIFIED
REGISTRATION FEE: \$ _____
DATE: _____
RCVD BY: _____

 CASH CHECK
 SCHOLARSHIP
RECEIPT NUMBER: _____

IMPORTANT MEDICAL & LIABILITY RELEASE – MUST BE SIGNED

I, the parent/legal guardian of the above-named player, a minor, agree that I and the player will abide by the rules and regulations of the Dixon Soccer Club and its affiliated organizations. I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the Dixon Soccer Club, the owners and operators of the facilities used for the programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the players participation in the programs including, without limitation,, players transportation to/from any program, which transportation is hereby authorized. I further grant the Dixon Soccer Club the right to use the player's name, picture and/or likeness in printed, broadcast and other material concerning the programs provided such use is related to the player's status as a participant in the programs.

As the parent/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.

I understand that if this player has been registered and rostered on a team with Dixon Soccer Club at any time during the seasonal year that unless he/she transfers off that team, this player may not be rostered on any other Dixon Soccer Club team.

Parent/Guardian Signature: _____

Parent/Guardian (PRINTED NAME) _____ Date: _____