



# DIXON SOCCER CLUB

## U8 AND UNDER REGISTRATION FORM



### PLAYER INFORMATION

Legal First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Legal Last Name: \_\_\_\_\_

Date of Birth (MM/DD/YY) \_\_\_\_\_ Gender:  M  F School (during season) : \_\_\_\_\_

Last League & Season: \_\_\_\_\_ # of Previous Seasons: \_\_\_\_\_ Grade: \_\_\_\_\_

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: \_\_\_\_\_

Uniform Size: Youth- XS S M L Adult- S M L

### 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: \$ \_\_\_\_\_

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 or 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: \_\_\_\_\_