

2019 Fall Soccer Registration Form

Registration Deadline June 15th 2019 **Make checks payable to:** Delphos Soccer Assoc.
Mail to: Delphos Soccer Association or return to: 11861 Spencerville-Delphos Rd
 11861 Spencerville-Delphos Rd Delphos, OH 45833 Delphos, OH 45833 PH: 419-230-6199
Fees: 1 child = \$50 2 children = \$90 3+ children \$120 \$10 Late Fee after June 15th

Player's Name		Birthdate:	
Grade in Fall _____		DIVISION BY CHILD'S GRADE Pre-K & Kindergarten (Must by 4yrs by Aug 1st) 1ST & 2ND GRADE 3TH & 4TH GRADE 5TH & 6TH GRADE 7TH & 8TH GRADE (JR. HIGH)	
Age as of Aug 1, 2019 _____			
1st Time Player:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Please list other sports your child is playing during the Fall season: ie volleyball, cross country, baseball, club soccer		Practice/Game DAYS Pre-K & Kndrgtn Mon Only 1st & 2nd Grade Mon/Wed 3rd & 4th Grade Tues/Thurs 5th & 6th Grade Mon/Wed 7th & 8th Grade Tues/Thurs
ADDRESS:		CITY:	
		ZIP:	
Parent(s) Name(s)			
Home/Cell Phone		Home/Cell Phone	
Can receive text messages:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can receive text messages:	<input type="checkbox"/> Yes <input type="checkbox"/> No
E-mail for communication:			
CHECK SHIRT/SHORT SIZE:	<input type="checkbox"/> Youth Small (6-8)	<input type="checkbox"/> Adult Small	<input type="checkbox"/> Adult XL
	<input type="checkbox"/> Youth Medium (10-12)	<input type="checkbox"/> Adult Medium	<input type="checkbox"/> Adult XXL
	<input type="checkbox"/> Youth Large (14-16)	<input type="checkbox"/> Adult Large	

SPECIAL CONSIDERATIONS

Note any consideration OR brother/sister name (if in SAME division)
 Registration forms must be submitted together for siblings to play on the same team.

VOLUNTEERS NEEDED

We operate with volunteers only. Please consider helping in any way to the soccer program.

I AM WILLING TO: Head Coach Co-coach Line Fields
 Please fill information below if a box above is marked:

Name:			
Email:	Home Phone:	Cell Phone:	

I would be interested in being a PAID REFEREE (Must be at least 9th Grade) List information below.

Name:			
Email:	Home Phone:	Cell Phone:	



DO NOT WRITE BELOW- ACCT./ORGANIZATION USE ONLY

Amount Paid \$ _____ Check No: _____ Rec'd By: _____

Please sign below:
LIABILITY WAIVER

We hereby agree that the Delphos Soccer Association (DSA) and/or the Putnam Co. Youth Soccer League (PCYSL) its members, coaches or officers shall not be liable for any injury or loss which my child may sustain while participating in activities of any kind whether sponsored by or under the supervision of DSA and/or PCYSL and we agree to indemnify and to hold harmless DSA and/or PCYSL, it's members, coaches, officers or designates of any kind from any claim whatsoever.

Parent/Guardian

Signature: _____ **Date:** _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

I hereby give my consent to have a coach, athletic trainer, emergency personnel and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Parent/Guardian

Signature: _____ **Date:** _____

Does your child have any Medical conditions to be aware of? Yes No

If yes, Explain

PARENTS' CODE OF ETHICS

As parents, we will abide by the rules of the game and treat the referees with respect, no matter what he/she calls. Help maintain a climate of enjoyment among spectators by discouraging negative remarks and/or harassment of players, referees, coaches, and other spectators. Exhibit exemplary conduct at games as team discipline reflects the parents' attitude 100%.

Parent/Guardian

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

LINDSAY'S LAW

Lindsay's Law went into effect in 2017 to inform and educate students and youth athletes participating in or desiring to participate in an athletic activity, their parents, and their coaches about the nature and warning signs of sudden cardiac arrest. It is a requirement that all parents and student athletes under age 19, watch the video and review the handout. They can be found at:

<http://www.odh.ohio.gov/landing/Lindsays-Law.aspx> (video)
<http://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/chss/Lindsays-Law/Parent-Guardian.pdf?la=en>

Please sign below acknowledging that you have watched the video and reviewed the handout.

Parent
Signature: _____ **Date:** _____

Child
Signature: _____ **Date:** _____