



Jr. Academy Soccer—Team Spring 2019

Office Use Only	
Date Received	_____
Pmt Type & Amt	_____
Received by	_____

Registration Fees: \$150

Deadline for placement is February 4, 2019.

This program is not intended for the 1st time player. Players must have previous league experience.

Age 7 as of 12/31/18

To register online for DASC Spring 2019 season or other programs log onto:
www.dakotaalliancesoccer.com

No refunds after February 11, 2019

DASC is eligible for a limited number of United Way Connecting Kids Certificates for use by families presenting documentation of free/reduced school lunches. UW Certificates can be used once in a calendar year and only for grades K through 8th.

Dakota Alliance Soccer Club
401 West 39th Street, Sioux Falls, SD 57105
Phone 332-5911 Fax 332-0278

CC# _____ exp date _____ CVC _____

A Birth Certificate is required with registration for any player who is new to DASC or has not yet provided a copy of their BC to DASC. See back of application for information.

Player's Information

Mandatory Volunteer

Please indicate what you Will do:

Last Name	First Name	Gender (M/F)	Date of Birth	Age as of 12/31/2018	School player attends during Spring 2019	1. Tournament	2. Miscellaneous	Total Registration Fee
1	_____	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____	_____

Sponsor one player (\$60-\$80) or contribute to help players who cannot afford the full registration fee _____

Elementary School nearest (geographically) the player(s) _____ Total Enclosed _____

Father's Information

Custodial Parent

Last Name _____
 First Name _____
 Address _____
 City, State, Zip _____
 Home Phone _____
 Work Phone _____ Cell _____
 Employer _____
 E-mail (print clearly) _____

Mother's Information

Custodial Parent

Last Name _____
 First Name _____
 Address _____
 City, State, Zip _____
 Home Phone _____
 Work Phone _____ Cell _____
 Employer _____
 E-mail (print clearly) _____

I require Handicapped Accessible Viewing

Birth Certificate Requirements for Registration

As of Fall 2009 the US Soccer Federation has mandated that every player's birth date be verified with a COPY of their Birth Certificate. The Birth Certificate must accompany the registration for players who are new to DASC or have not yet provided a copy to DASC. Proof of age shall consist of a State Certified Birth Certificate, a Uniformed Services Identification and Privilege Card (DD form 1173) issued by the uniformed services of the United States, birth registration issued by an appropriate government agency, drivers license, Board of Health records, passports, alien registration card issued by the US Government, or certificate issued by the Immigration and Naturalization Service attesting to age or certification of an American citizen born abroad issued by an appropriate government agency. DAKOTA ALLIANCE SOCCER CLUB CANNOT ACCEPT HOSPITAL CERTIFICATES OR BAPTISMAL RECORDS. A player cannot be registered until the birth date has been verified with the Birth Certificate.

DASC Jr. Academy Team is an instructional soccer program designed to develop the "I"ndividual skills of the player who was born in 2011 and who has a heightened interest in soccer. These players will have already played in the league and have demonstrated an ability to play at a more advanced level. This is not a program for the 1st time soccer player!!

The Jr. Academy Team season will consist of 8 games in the DASC Academy league and 12 training sessions - one session each week.

Frank Gurnick will be the primary instructor for the Jr Academy program. Frank brings over 30 years of coaching experience to the Academy. Throughout his career he has had tremendous success in the area of player development. He is a former educator who applies a classroom approach into his training sessions.

Important—Please read the following and sign below:

I, the parent/legal guardian of the named registrant(s), a minor(s), agree that I 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 of the USYSA acting as the registrant(s) 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 owners of the fields and facilities utilized for the programs, against any claim by or on behalf of the registrant(s) as a result of the registrant(s) participation in the programs and/or being transported to or from the same. In addition, as a parent or legal guardian of the named registrant(s), I hereby give my consent for emergency medical care prescribed by a licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life or well being of my dependent.

By signing this form, I agree and consent that both SDSSA and its member associations have my permission to use any image, photograph, video clip, or other similar image, in any media format, of either myself or my child, provided (1) the image is taken while I am, (or my child is) a player or participant in one of the various activities, events, and competitions sponsored by SDSSA or its member associations or as otherwise allowed by law, and (2) the image is used for one or more of the following purposes: media coverage of soccer activities, SDSSA Website use, SDSSA promotional materials, program books, video presentations and for similar purposes related to the activities of SDSSA or its member associations. I further release both SDSSA and its member associations from any liability for any adverse results which may result from the use of the above named photograph(s) or media images in the manner described. To opt out check here _____.

I do agree that any email address I provide may be used by the Local and State Soccer Association, US Youth Soccer and any of their assigns to provide me with information about their programs and sponsors. To opt out check here _____.

I certify that everything on this application is correct, to the best of my knowledge.

X _____

Programs available thru DASC: Recreational Soccer, Recreational PLUS, Competitive teams, XTRA KIXX and Camps/Clinics

For more information log onto:

www.dakotaalliancesoccer.com

