



# Dakota Alliance Soccer Club

## Competitive Soccer Program

### U15—U18 paperwork

## Player Registration (2016-2017)

Please Print

Player's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Age Group: U15 U16 U17 U18 (circle one)

Team Name: \_\_\_\_\_ Coach's name: \_\_\_\_\_

Father's Information		Mother's Information	
Last Name _____		Last Name _____	
First Name _____		First Name _____	
Address _____		Address _____	
City, State, Zip _____		City, State, Zip _____	
Home Phone _____		Home Phone _____	
Work Phone _____	Cell _____	Work Phone _____	Cell _____
E-mail (print clearly) _____		E-mail (print clearly) _____	

### 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 \_\_\_\_\_