

# DARTMOUTH UNITED SOCCER CLUB

DU Office: Unit 110 – 300 Prince Albert Rd, Dartmouth, B2Y- 4J2

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Please check DU's Website often – make it your first stop for Club news and information!

## SENIOR REGISTRATION FORM – Fall/Winter 2010/11

### PLAYER INFORMATION

<b>Player:</b> _____ <i>First Name Initial Last Name</i>	<b>Gender:</b> M F	<b>Age Group:</b> Open
<b>Address:</b> _____	<b>Date of Birth:</b> ____ - ____ - ____ <i>Day Month Year</i>	
<b>City/Town:</b> _____	<b>Postal Code:</b> _____	
<b>Phone #:</b> _____ <i>Home Cell Work</i>		
<b>E-mail Addresses:</b> _____		
<b>Emergency Contact:</b> _____ <i>Name Cell Home</i>		
<b>Medical Information coach should be aware of:</b> _____ _____		
<b>Did you play for DUSC in the summer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If no, where? _____ <i>Club Name</i>		
<b>Interest:</b> <input type="checkbox"/> NSSL Premiership		
<input type="checkbox"/> Senior Men's B Team: _____	<input type="checkbox"/> MSSL Senior Women's B Team: _____	
<input type="checkbox"/> Senior Men's C Team: _____	<input type="checkbox"/> Citadel Women's 7-a-side Team: _____	
<b>Did you play for DUSC in the summer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If no, where? _____		

### VOLUNTEER INTEREST *The Club relies upon volunteers – please consider how you can help!*

<input type="checkbox"/> Coach	<input type="checkbox"/> Team Manager	<input type="checkbox"/> Equipment Support	<input type="checkbox"/> Tournaments
<input type="checkbox"/> Assistant Coach	<input type="checkbox"/> Age Group Coordinator	<input type="checkbox"/> Special Events (e.g., Mini Fun Day, registration)	

### ASSISTANT REGISTRAR USE ONLY *Applicants Do Not Write Here*

Senior A \$155	\$ _____	<b>TOTAL PAID</b> \$ _____
Senior B \$150	\$ _____	
Senior C \$145	\$ _____	Cheque(s): 1 _____ 2 _____ 3 _____
Other	\$ _____	Cash: 1 _____ 2 _____ 3 _____
<b>TOTAL FEE</b>	\$ _____	Processed By: _____
Notes: _____ _____		
Data entered on: _____ (date) by: _____ (initials)		

**ASSUMPTION OF RISK AND AGREEMENT TO ABIDE BY SOCCER NOVA SCOTIA AND  
DARTMOUTH UNITED SOCCER CLUB BYLAWS, POLICIES, AND PROCEDURES**

Waiver: All players over 18 years of age, and the parent or guardian of those under 18 years of age must sign/acknowledge acceptance of this waiver form. The wording of this form meets the requirements of the Dartmouth United Soccer Club as well as those set out by Soccer Nova Scotia, the provincial governing body for soccer.

**ASSUMPTION OF RISK**

There is a potential risk for injury involved in training and participating in any sport. Soccer Nova Scotia has tried to create a safe and controlled environment for safe participation. The Club and officials have established rules in conjunction with the governing body for participation and conduct on and about the playing area that should be followed.

I, the player, or I the parent(s)/legal guardian(s) of the player being registered, do hereby consent to myself or my child/ward playing soccer with Dartmouth United Soccer Club, in the Harbour East District Soccer Association. I understand that the Club and its representatives will not be held liable for any loss or accident caused by or upon myself or my child/ward while participating in soccer or while traveling to or from games, practices or other club activities. I have also been made aware of the potential dangers of climbing on soccer goals/equipment and assume all liability for any personal injury to myself or to my child/ward as a result of such activities. In case of medical emergency, I give permission to the team management or club executive to take whatever steps may be necessary to obtain treatment for myself or my child/ward.

\_\_\_\_\_  
PRINT PARTICIPANT'S NAME (regardless of age)

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE (18 years of age or older)

Date Signed \_\_\_\_\_

\_\_\_\_\_  
WITNESS

**AGREEMENT TO ABIDE BY SNS AND CLUB BYLAWS, POLICIES AND PROCEDURES**

I agree to abide by Soccer Nova Scotia and the Dartmouth United Soccer Club's Bylaws, policies, and procedures at all times.

\_\_\_\_\_  
PRINT PARTICIPANT'S NAME (regardless of age)

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE (if 18 years of age or older)

Date Signed \_\_\_\_\_

\_\_\_\_\_  
WITNESS

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, on behalf of the participant, do consent and agree to the assumption of risk and agreement to abide by Soccer Nova Scotia and Dartmouth United's Bylaws, policies and procedures.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
EMERGENCY PHONE NUMBER

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
WITNESS