

# 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!

## YOUTH 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> U- _____
<b>Address:</b> _____	<b>Date of Birth:</b> _____ - _____ - _____ <i>Day Month Year</i>	
<b>City/Town:</b> _____	<b>Postal Code:</b> _____	<b>Phone #:</b> _____
<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>Parent(s)/Guardian(s):</b>		
_____ <i>First Name Last Name</i>	<b>Phone:</b> _____ <i>Home Work Cell</i>	
_____ <i>First Name Last Name</i>	<b>Phone:</b> _____ <i>Home Work Cell</i>	
<b>E-mail Addresses (Print Clearly!):</b> _____		

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

Photo (U12-U18): <input type="checkbox"/>	Jersey Deposit Cheque (U10-U18): <input type="checkbox"/> Yes <input type="checkbox"/> No
T2 League U12-U18 \$ 230 \$ _____	<b>TOTAL PAID \$</b> _____
T1 League U14-U18 \$ 250 \$ _____	Cheque(s): 1 _____ 2 _____ 3 _____
League U10 \$ 180 \$ _____	Cash: 1 _____ 2 _____ 3 _____
Other \$ _____	Processed By: _____
<b>TOTAL FEE</b> \$ _____	
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



## At Dartmouth United, volunteers keep the ball rolling!

For our programs to be successful, we need help. Please assist however you can.

Name (please print) \_\_\_\_\_

Child's/children's name(s) and age group(s) \_\_\_\_\_

Phone(s) \_\_\_\_\_ Email \_\_\_\_\_

**I am interested in volunteering for the following position(s) (please check box):**

**Team coach**

Training is available, and positions can be shared with others. We rely on parents, older soccer players and other volunteers to coach most of our teams.

**Age group coordinator (some positions are filled, while others are currently vacant)**

Positions can be shared with other volunteers. Tasks include organizing teams and answering questions about programs for a particular age group.

**Volunteer Appreciation Night coordinator**

A minimum of 2 people are required. Tasks include organizing the event, accepting RSVPs, and purchasing awards to honour chosen volunteers.

**Team equipment and uniform preparation**

Our equipment coordinator would love to have a minimum of 4 people to help with this responsibility. Tasks include checking & labeling equipment, mending jerseys & pinnies, and restocking first aid kits.

**Team equipment sign-out & return assistance (various dates in the spring and fall)**

Our equipment coordinator organizes these events, and a minimum of 4 people are required each day. Tasks include checking and organizing equipment as it's signed out or returned by teams.

**Other** \_\_\_\_\_