

Dover Soccer Association

Rec. Soccer Registration

Registration must be completed. Complete one registration form per child.

Provide a copy of your child's birth certificate, DSA registration form, and the registration fee.

Make checks payable to Dover Soccer Association.
Fee: \$40 Kindergarten – 6th grade.

Make checks payable to Dover Soccer Association.
Send to Ryan Maxwell at 234 17th St NW, Canton 44703.

There is a \$5 discount for each additional child in a family.

First Name: _____

Last Name: _____

School: _____ Teacher: N/A _____

Gender: _____ Grade: _____

Parent(s) /Guardian(s): _____

Date of Birth: _____ Age as of August 1, 2017 _____

Address: _____

City: _____ State _____ Zip _____

All children must live in Dover or attend school in Dover.

Friend request _____ (not guaranteed)

Home Phone: _____

Cell Phone: _____

Email #1: _____

Email #2: _____

Shirt Size (circle one)

YS YM YL AS AM AL AXL

For more information and forms are available at

doversoccer2011@gmail.com - www.dsasoccer.net

If you have any questions, contact John Loffredo 330-447-1127

DOVER SOCCER ASSOC., INC YOUTH SOCCER PLAYER FORM

To: Parent/Guardian of youth soccer player From: Dover Soccer Assoc., Inc. ("Association")

Date: Fall 20__ – Spring 20__

THE ASSOCIATION IS AN OHIO NON-PROFIT CORPORATION OWNED BY YOU AND OTHER MEMBERS INTERESTED IN PROMOTING SOCCER IN OUR COMMUNITY. IT HAS LIMITED RESOURCES AT THIS TIME AND RELIES ON VOLUNTEERS AND PARENTS/GUARDIANS TO OPERATE THE ASSOCIATION AND THE SOCCER TEAMS. THE INDIVIDUAL SOCCER PLAYERS ("YOUTH") HAVE JOINED THE OHIO YOUTH SOCCER ASSOCIATION NORTH ("OYSAN") OR US CLUB SOCCER, AS IDENTIFIED IN THE ATTACHED MEMBERSHIP FORM; HOWEVER, THE ASSOCIATION ITSELF IS NOT CURRENTLY A MEMBER OF OYSAN OR US CLUB SOCCER. ALSO, PLEASE KNOW THAT THE ASSOCIATION PROMOTES GOOD SPORTSMANSHIP AND CIVIL CONDUCT. THEREFORE, IN FURTHER CONSIDERATION OF THE YOUTH'S, YOUR, YOUR FAMILY MEMBER'S AND YOUR GUEST'S PARTICIPATION AT TEAM EVENTS, PLEASE CAREFULLY CONSIDER THE FOLLOWING:

BY SIGNING THE ATTACHED WAIVER OF LIABILITY FORM AND THIS FORM BELOW YOU ACKNOWLEDGE THAT THE YOUTH WILL BE PLAYING A GAME THAT INVOLVES TRAVELING AND RIGOROUS PHYSICAL PLAY AND THEREFORE RISK OF SERIOUS PHYSICAL INJURY OR DEATH. YOU ALSO ACKNOWLEDGE THAT YOU, YOUR FAMILY MEMBERS AND ANY GUESTS THAT YOU MAY BRING TO TEAM EVENTS RISK PHYSICAL INJURY OR DEATH BY TRAVELING TO TEAM EVENTS AND PARTICIPATING AS SPECTATORS AND GUESTS AT THE FIELDS AND FACILITIES. BY SIGNING THIS FORM BELOW, YOU ARE AGREEING TO ASSUME THESE RISKS ON BEHALF OF THE YOUTH, YOURSELF, YOUR FAMILY MEMBERS AND ANY GUESTS THAT YOU MAY BRING TO TEAM EVENTS.

BY SIGNING THE ATTACHED WAIVER OF LIABILITY FORM AND THIS FORM BELOW YOU ARE RELEASING, DISCHARGING AND/OR OTHERWISE INDEMNIFYING THE ASSOCIATION AND ITS ASSOCIATED PERSONNEL (MEMBERS, BOARD MEMBERS, OFFICERS, ADVISORS, COACHES, ET AL.), INCLUDING THE OWNERS OF THE FIELDS AND FACILITIES (CHARLES AND VIRGINIA DEEDS, ET AL. AND DEEDS INDUSTRIAL PARK, LTD.), AGAINST ANY CLAIMS BY THE PLAYER, YOU, YOUR FAMILY MEMBERS AND ANY GUESTS THAT YOU MAY BRING TO TEAM EVENTS.

BY SIGNING THE ATTACHED GENERAL CONSENT FOR MEDICAL TREATMENT AND THIS FORM BELOW THAT YOU ARE GRANTING CONSENT TO HAVE THE VOLUNTEER COACH PROVIDE AND/OR ARRANGE FOR MEDICAL ASSISTANCE AND/OR TREATMENT TO THE YOUTH, YOURSELF, YOUR FAMILY MEMBERS AND ANY GUESTS THAT YOU MAY BRING TO TEAM EVENTS.

BY SIGNING THIS FORM BELOW YOU ARE ALSO AGREEING TO AT ALL TIMES CONDUCT YOURSELF AND TO CONTROL THE CONDUCT OF THE YOUTH, YOUR FAMILY MEMBERS AND GUESTS, IN LAWFUL, CIVIL, POLITE, SPORTSMANLIKE, RESPECTFUL, NEAT AND ORDERLY WAYS RELATIVE TO THE OTHER PLAYERS, COACHES, OFFICIALS, SPECTATORS, GUESTS AND THE FIELDS AND FACILITIES.

Thank you for your support of the Association and for allowing the youth to participate on the soccer team. The Association encourages you to provide the Association with constructive comments and ideas to further the goal of promoting soccer in our community.

WAIVER OF LIABILITY

I the parent/guardian for the above child release, discharge and/or otherwise indemnify the organization/league/club for which I am registering the child to play, US Youth Soccer, the Ohio Youth Soccer Association North, and/or US Club Soccer, its affiliated sponsors, employees and associated personnel, including the owners of fields and facilities utilized against any claim by or on behalf of the registrant as a result of his or her participation.

GENERAL CONSENT FOR MEDICAL TREATMENT

I give my consent to have an athletic trainer, coach paramedic, and/or doctor of medicine or dentistry provide medical assistance and/or treatment. I agree to be financially responsible for the reasonable cost of such assistance and/or treatment. This consent does not apply to major surgery unless surgery must be performed to treat an emergency condition. Attempts will be made to contact parents of players participating in the program based on information provided on this form.

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Parent/Guardian Signature: _____ Date: _____