

Dynamos Soccer Club

FALL REGISTRATION FORM

ATHLETE'S NAME _____ GRADE _____ SEX _____

ADDRESS _____ DATE OF BIRTH _____

PHONE _____

E-MAIL _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and inconsideration for the USYSA accepting the registrant 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 the owners of fields, and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Pictures taken of the above-named player may be used for local paper and Dynamos website _____ (please initial)

NAME _____ DATE _____

Parent/Legal Guardian (Please print)

SIGNATURE _____

*****MAKE CHECKS PAYABLE TO DYNAMOS SOCCER*****

FOR CLUB USE ONLY

FEE COLLECTED YES NO CASH CHECK #