

DELAWARE SOCCER CLUB

2010 Fall House League Application



Childs Name: _____ Birth Date: _____ / _____ / _____
Last Name First Name M.I Month Day Year

Sex (M/F): _____: School: _____ Grade: _____

Fathers Name: _____	Mothers Name: _____
Address: _____ _____	Address: _____ _____
Phone: (H) _____ (W) _____	Phone: (H) _____ (W) _____

E-mail address family wishes to be contacted at: _____

Emergency Phone Number: _____ Name of Emergency Contact: _____

Physician: _____ Phone Number: _____

Parent's Permission and Signature: I hereby give my consent for all medical care prescribed by a duly licensed physician for my child. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent. I have also read and fully understand all of the explanations stated on the following page and I agree to abide by all of the provisions explained therein.

Parent/Guardian Signature: _____ Date: _____

Registration Fees and Due Dates Below

Fall House League: (if paid **July 15th through August 15th**) \$60.00 \$ _____

Late Fee: (based on Postage mark) from August 16th to August 29th. **\$80.00** \$ _____

Registration closes August 29th.

Scholarships are available. With this application tell us why you feel your child deserves a scholarship

Fall Registration closes on August 29th

Tax-Deductible Donation towards equipment and scholarships \$ _____

Total Amount \$ _____

Below for DSC use only: _____

Amount Received: \$ _____ Received By: _____ Date: _____

Check #: _____ Bank _____

Delaware Soccer Club Participation

Visit our website at: www.delawaresoccerclub.com

Terms and Conditions

1. I understand that this application does not guarantee placement on a team. I acknowledge that there is a **\$10.00 non-refundable amount** that is a part of the total registration fee.
2. **Refunds (for all but \$10.00)** will be made if my child is not placed on a team. Any other refund request will be considered on an individual case basis upon receipt of a written request by the Delaware Soccer Club (DSC).
3. **Placement of players:** Delaware Soccer Club places players based on age guidelines set forth by our governing body New York State West Youth Soccer Association, which are the same as those used by the club's travel program. Please refer to the matrix printed below to determine the age group your child will be playing in during the upcoming fall season. Written appeals related to placement may be directed to the VP-House.
4. I understand and agree that my child may be suspended or expelled for chronic tardiness, absenteeism, poor behavior or violations of the rules of the DSC or of the Buffalo & Western New York Junior Soccer League (BWNYSJL).
5. I agree to reimburse the DSC for any property lost or damaged by my child while the property is in the child's personal possession away from DSC practices or games, or for any property intentionally damaged by my child.
6. My child has permission to participate in the activities of the DSC and the BWNYSJL. Although the activities of the DSC and BWNYSJL will be supervised, in general by adults, it is agreed and understood that neither the DSC nor the BWNYSJL nor any individual associated therewith will suffer any liability for injuries or damages sustained by myself or the above named child arising out of such activities sponsored by the DSC or the BWNYSJL and, the above-signed (see above) shall indemnify and hold harmless the DSC and the BWNYSJL and such individuals supervising, aiding and otherwise associated with the DSC or BWNYSJL activities from all damages and liabilities for anything, including but not limited to personal injuries, whether or not caused by the DSC, BWNYSJL or their agents.

Player Age Matrix

Division	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
U12	98	98	98	98	98	99	99	99	99	99	99	99
U11	99	99	99	99	99	00	00	00	00	00	00	00
U10	00	00	00	00	00	01	01	01	01	01	01	01
U09	01	01	01	01	01	02	02	02	02	02	02	02
U08	02	02	02	02	02	03	03	03	03	03	03	03
U07	03	03	03	03	03	04	04	04	04	04	04	04
U06	04	04	04	04	04	05	05	05	05	05	05	05
U05	05	05	05	05	05	06	06	06	06	06	06	06

Parents and Friends - The Club is a volunteer not-for-profit organization. We can always use help as well as suggestions. Can you assist the Club and our kids? We need assistance which volunteers might lend. Does your business do printing? advertising? construction work? Please give us a thought and list below anything that might help. Thanks!

I can help in the following way:

I am willing to coach Y / N (Dad / Mom)

I am willing to be a coach's Helper Y / N (Dad / Mom)

Other: _____

How can you be of service? _____

Return signed application to:

**Delaware Soccer Club
2495 Main Street, Suite 423
Buffalo, NY 14214
833-3616**