

# DELAWARE SOCCER CLUB

## 2012 Season Travel Application



**ALL PLAYERS MUST COMPLETE ALL SECTIONS OF THIS APPLICATION TO ENSURE OUR DATABASE IS UP TO DATE**  
*Return this application with Payment to the DSC office at: 2495 Main Street, Suite 423, Buffalo, New York 14214.*

Name: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age on July 31, 2012: \_\_\_\_  
Last Name First Name M.I. Month Day Year

Team Player has been placed on for the 2012 Season: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Sex (M/F): \_\_\_\_

\_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ e-mail: \_\_\_\_\_

Fathers Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_(W) \_\_\_\_\_(H)

e-mail: \_\_\_\_\_

Mothers Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_(W) \_\_\_\_\_(H)

e-mail: \_\_\_\_\_

**Emergency Information:** If my child needs immediate attention, I direct you to contact \_\_\_\_\_ at phone number \_\_\_\_ - \_\_\_\_\_. My physician is \_\_\_\_\_, who can be reached at phone number \_\_\_\_ - \_\_\_\_\_. My hospital preference is: \_\_\_\_\_. My child has the following medical conditions, allergies or other significant medical condition which I bring to your attention (attach additional sheet if necessary):

**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: \_\_\_\_\_

**This application must be returned to the Club's office address; a copy will be sent to your coach. The application must be accompanied by (1) the registration fee -- see below and (2) a passport-sized photo.**

**Scholarships are available. With this application send in a Scholarship Request Form (found on our website) telling us why you feel your child should receive a scholarship. Board decisions are final.**

- 2012 Travel League full payment: **\$240.00 paid by Dec. 1, 2011** \$ \_\_\_\_\_
- 2012 Travel League installment payment: **\$120.00 by Dec. 1 + \$120.00 by Jan. 31, 2012** \$ \_\_\_\_\_
- Late Fee: \$20.00 if paying after January 31, 2012 \$ \_\_\_\_\_

- Uniform Size: YS, YM, YL, AS, AM, AL, A-XL
- Tax-Deductible Donation towards equipment and scholarships \$ \_\_\_\_\_
- Total Amount Enclosed \$ \_\_\_\_\_

For DSC use only:

Items Received: Cash \_\_\_\_\_ Check \_\_\_\_\_ Birth Certificate received: \_\_\_\_\_

Amount Received: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Bank \_\_\_\_\_

## **Delaware Soccer Club Participation Terms and Conditions**

1. I understand that this application does not guarantee placement on a team. I acknowledge that there is a **\$20.00 non-refundable amount** that is a part of the total registration fee of **\$240.00** for the 2012 Travel registration;
2. Refunds 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 Club.
3. Placement of players on a team is the sole decision of the Board of Directors of the Delaware Soccer Club (the "Club") and the Coaches. Players will be placed with age specific teams to the extent possible. Written appeals related to placement may be directed to the Board of Directors.
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 Club or of the Buffalo & Western New York Junior Soccer League (the "League").
5. I agree to reimburse the Club for any property lost or damaged by my child while the property is in the child's personal possession away from Club practices or games, or for any property intentionally damaged by my child. I further agree to return all Club property within seven (7) days of my child's final season game.
6. I acknowledge that the Club did not recruit my child away from any other club or team which is a member of the League.
7. I hereby authorize the officers, coaches or their agents of the Club to transport as required my child to and from Club activities, including without limitation League, athletic and social events.
8. My child has permission to participate in the activities of the Club and the League. Although the activities of the Club and League will be supervised, in general by adults, it is agreed and understood that neither the Club nor the League 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 Club or the League and, the above-signed (see above) shall indemnify and hold harmless the Club and the League and such individuals supervising, aiding and otherwise associated with the Club or League's activities from all damages and liabilities for anything, including but not limited to personal injuries, whether or not caused by the Club, League or their agents.

**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? Please give us a thought and list below anything that might help. Thanks!**

**I can help with the following:**