



# U10, U12, U14 Spring Soccer 2017

For Players in Grades 3 to 8

## DRIFTLESS UNITED FUTBOL

### REGISTER FOR PLAY IN SOUTHWEST DISTRICT LEAGUE (SWDL)

#### REGISTRATION FORM *Complete one form per player*

We are still in the process of building our new soccer field and are looking to raise additional funds to meet our expenses. Donations of any amount are greatly appreciated. If you'd like to donate, please check one of the boxes below and include your donation amount into the total. Thank you for your support!

\$20    \$50    \$100    \$ \_\_\_\_\_

**REGISTRATION DEADLINE:** Registration deadline is Feb. 20 and late fee period Feb. 20-March 1    **FEES: \$135** (late fee **\$15**)

Player Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_    Male    Female   Grade \_\_\_\_\_   Years Played \_\_\_\_\_

Email \_\_\_\_\_

Child lives with    both parents    Mother    Father    Other \_\_\_\_\_

Father's Name \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

*In the unlikely event of an emergency, who would you like us to call?*

1st Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

2nd Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Health Issues (asthma, history concussion, etc.) \_\_\_\_\_

T-Shirt Size:    Youth M    Youth L    Adult S    Adult M    Adult L    Adult XL (*shirt sizes run small*)

**Player Registration Fee of \$135 is due by February 20;** there is a late fee of \$15. All participating families are required to volunteer three hours per season per child or pay the **Opt Out fee of \$50 per child.**

DUA U14 SPRING SOCCER REGISTRATION FEE (check appropriate boxes)	
<input type="checkbox"/> \$135 registration fee by February 20 <b>or</b>	<input type="checkbox"/> \$135 <b>or</b>
<input type="checkbox"/> \$150 late registration after February 20	<input type="checkbox"/> \$150
<input type="checkbox"/> I/we commit to volunteering at least three hours during the Spring Soccer Season. Initials of parent or guardian _____ <b>or</b>	<input type="checkbox"/> No fee for volunteer commitment <b>or</b>
<input type="checkbox"/> \$50 volunteer Opt Out fee	<input type="checkbox"/> \$50
Mail form and check payable to Driftless United Athletics (DUA) by February 20 to: <b>DUA Registrar, P.O. Box 12, Viroqua, WI 54665</b>	<b>Amount Due:</b> \$ _____
Email Questions to: driftlessunitedathletics@gmail.com	

MEDICAL TREATMENT AND LIABILITY RELEASE (MINOR)
I, the parent/guardian, certify that the registrant, a minor, is physically able to participate in soccer and agree that the registrant and I will abide by all the rules of USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for USYSA accepting the registrant for its soccer program 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 the fields and facilities utilized for the Program, against any claim by or on the behalf of the registrant as a result of the registrant's participation in the Programs and practices 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 as prescribed by a duly licensed Athletic Trainer, Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life or well being of my dependent. I further agree that, pursuant to Wisconsin statute, if it appears that my child may have sustained a concussion or head injury, he or she will be removed from the activity until such time as a medical professional has examined him/her and provided a written clearance specifically approving a return to soccer and physical activities.
Parent/Guardian Name: _____ Date _____
Signature: _____