

DAKOTA UNITED SOCCER CLUB
P.O. BOX 1632
BISMARCK, ND 58502

Summer 2009 Registration Form

- ◆ Please submit one complete Registration Form per player by February 28, 2009 to the address above.
- ◆ Please attach a check, for the appropriate Club Fee per the Fee Schedule below, to each Registration Form.
- ◆ A player's correct age group is based on his or her highest age between August 1, 2008 and July 31, 2009.
- ◆ Dakota United will not hold player tryouts, but may conduct player evaluations in some circumstances.

Player's Name: _____
 Date of Birth: _____ Age Group: _____ Gender: _____
 Address: _____ Phone: _____

 Father's Name: _____ Home Phone: _____
 Address: _____ Cell Phone: _____
 _____ Email: _____
 Mother's Name: _____ Home Phone: _____
 Address: _____ Cell Phone: _____
 _____ Email: _____

Medical Alert: _____
 Emergency Phone Number(s): _____
 Doctor's Name: _____ Doctor's Phone: _____
 Father's Insurance Company: _____ Policy #: _____
 Mother's Insurance Company: _____ Policy #: _____

Summer 2009 Fee Schedule

Age Groups	Club Fees	Uniforms	Coaching Fees	Tournament Fees (Select Now, Pay Later)	Tournaments Selected (Mark Each)
U6-U8	\$50	At Cost	Included	N/A	N/A
U9/U10	\$100	At Cost	Included	Fargo, ND (June 19-21) \$25	<input type="checkbox"/>
				Fargo, ND (July 25-27) \$25	<input type="checkbox"/>
U11/U12	\$100	At Cost	Included	Fargo, ND (June 19-21) \$25	<input type="checkbox"/>
				Blaine, MN (July 17-19) \$75	<input type="checkbox"/>
				Fargo, ND (July 25-27) \$25	<input type="checkbox"/>
U13-U19	\$100	At Cost	Decided Later	Decided Later	Decided Later

Please Read Before Signing

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by all the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for USYSA, NDYSA, and DUSC accepting the registrant for its soccer programs and activities, (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, NDYSA, Dakota United Soccer Club, its affiliated organizations and sponsors, their employees and associated personnel including the owners of fields and facilities used 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.

I also, hereby specifically state that the above named registrant is physically fit to play soccer and further give my consent for emergency medical care for said registrant 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 said registrant.

Parent's/Guardian's Signature: _____ **Date:** _____