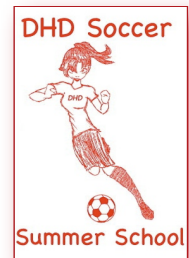


DHD Soccer Summer School

42 Spring Street, Suite 40 • Newport, RI 02840

Registration Form



Player's Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Please check appropriate session:

Monday: ___ U8 ___ U10 ___ Fundamentals 101 ___ Fundamentals 101

Tuesday: ___ Tactics and Decision Making ___ Goalkeeping 301

Wednesday: ___ U12 ___ U14 ___ Fundamentals 101 ___ Fundamentals 102
___ Fitness and Conditioning

Thursday: ___ U12 ___ U14 ___ Fundamentals 201 ___ Fundamentals 202
___ U12 ___ U14 Goalkeeping 101

T-shirt size: ___ YM ___ YL ___ S ___ M ___ L ___ XL

Emergency Information

Parent/Guardian #1: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian #2: _____

Home Phone: _____ Cell Phone: _____

Family Physician's Name: _____ Phone: _____

Medical Insurance Carrier: _____

Policy Holder Name: _____ Group Plan Number: _____

1. List any allergies or allergic reactions _____

2. Taking any medication at this time _____

List any special needs _____

DHD Soccer Release Statement

I agree to the unreserved use of my child's name and/or likeness (including photographs, videotapes, and other depictions) for publication. In consideration of the acceptance of this application for entry into the Summer School, I hereby waive, release and discharge any and all claims for damages, for death, personal injury, or property damage which my child may have, or which may hereafter accrue to him/her as a result of my participation in the DHD Soccer Summer School. This release is intended to discharge DHD Soccer, the Town of Middletown and Middletown Youth Soccer Club, their officers, agents and employees, organizers, officials and staff and other participants or spectators from and against any and all liability arising out of or connected with my child's participation in the DHD Soccer Summer School.

I am aware that this activity subjects my child to physical risks and dangers. Nevertheless, I voluntarily agree to assume any and all risks or injuries or death, and to release, discharge and hold harmless all of the entities or persons mentioned above. It is understood and agreed that this waiver, release and assumption of risk is to be binding on by heirs, personal representatives, next of kin, spouse and assigns.

Parent/Guardian Signature: _____ Date: _____

Tuition: ___ \$125.00 before 01 June 2009 ___ \$140.00 after 01 June 2009