



Des Moines Midway Soccer Club

Fall 2010 Player Registration



Please complete this registration form and mail along with payment and copy of player's birth certificate to:
DMM Soccer Club, PO Box 98925, Des Moines WA 98198-0925.

You can find additional information and register online at [.PlayRealSoccer.org](http://PlayRealSoccer.org).

Player

Name _____ Male Female
(Last) (First) (Middle)

Date of Birth _____ Age as of August 1, 2010 _____
**Must be 4 years old as of Aug 1, 2010

Soccer Experience

Years Played _____ Last Team _____ City _____

Team Assignment Preference

I would like to play with the following Friend, Team or Coach _____.
**We will do our best to accommodate your request, but we cannot guarantee assignment to a particular team.

List any medical conditions or allergies _____

Parent/Guardian Information

Parent / Guardian _____ Relationship to Player _____

Parent / Guardian _____ Relationship to Player _____

E-mail address(es) _____
**We do not sell our mailing list. This address will be used for club communications.

Home Address _____ City _____ Zip _____

Main Phone _____ Alternate Phone _____

Volunteer Interest

Parents and guardians, please let us know if you would be inclined to volunteer in one of the following roles.
 We will contact you with additional information.

Coach Assistant Coach Referee Practice Assistant Team Manager Events

Dues

Fees \$ _____ - Early Reg. Discount \$ _____ + Late Fee _____ + Donation \$ _____ = Player Total \$ _____

Parental Authorization

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer, in consideration of the USYSA accepting the registrant for its soccer programs 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 fields and facilities utilized of the Programs, against any claim by or on behalf of the registrant as a result of the registrants participation in the Programs and/or being transported to or from the same, which transportation I hereby **authorize**.

Name (Please Print) _____ Signature _____ Date _____

****FOR CLUB USE ONLY****

Cash or Check # _____ Posted on _____ Team assignment _____