

DEMAREST ATHLETIC ASSOCIATIONwww.daarec.org

(201) 768-4446

2009 FALL SOCCER REGISTRATION FORMSIGN-UP WAKELEE FIELD SAT. MAY 2ND, 2009 9:30am-2:00pm(Rain date: May 9th, 10am-2pm)

KINDERGARTEN CLINIC

FEE \$60 (SHIRT & SOCCER BALL)

GRADES 1-2

FEE \$65

GRADES 3-8

FEE \$70

FAMILY MAXIMUM \$150

* \$50 late fee per registration form postmarked after May 29th, 2009. (Fees include a \$5.00 charge per player for field maintenance.)Player's Name _____ Male _____ Female _____
(one player per form)

Birth Date _____ Grade & School in September 2009 _____

Address _____ Played in 2008 _____ No. of years played _____

Phone # _____ Cell Phone # _____

Mother's First Name _____ Father's First Name _____

E-Mail Address _____

Jersey Shirt Size: YS _____ YM _____ YL _____ AS _____ AM _____ AL _____

Does your child want to play goalie? _____

If you are interested in coaching a team or helping in an administrative position please indicate the name of coach or administrative volunteer, grade, and league (i.e boy or girl) and someone will contact you.

Name _____ Coach _____ Assistant Coach _____ Rutgers Certified: Y _____ N _____

League: B _____ G _____ Grade _____ Administration Position _____

Please note that there will be weekly group practices with the coaches. If you are interested in SPONSORING soccer please check here: _____

Travel Soccer for GRADES 3-8 may be available for an additional fee; please check here if interested: _____ (Please note boys' travel games may conflict with boys' Vikings games.)

Parental Consent and Waiver Form

As a parent or legal guardian of the child named (on the reverse side), I hereby give my full consent and approval for my child to participate as a team member in the Fall 2009 Soccer season. I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as other related activities incidental to my child's participation, and, I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities except as listed below. In addition to giving full consent to my child's participation, I do hereby waive, release, and hold harmless the Demarest Athletic Association, its officers, directors, coaches, sponsors, supervisors, and representatives for any injury that may be suffered by my child in the normal course of participation in the Fall 2009 Soccer season and the activities incidental thereto, whether the result of negligence or any other cause.

MEDICAL INFORMATION

Are there any medical problems, allergies, or medications that the coach should be aware of? YES _____ NO _____
If yes, please explain.

I understand that accident Insurance (with \$100 deductible) is included in the registration fee.

In case of medical problem when I/we cannot be reached, please contact the person named below (local name and number, NOT PHYSICIAN):

Name _____ Phone # _____

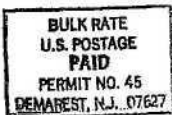
In case of an emergency, if I/we cannot be contacted, I/we, the parent(s)/guardian(s) of the child, give permission for emergency medical treatment of this child for illness or accident.

Signature _____ Date _____

Mail in Registration (no cash please)

Please return to D.A.A P.O Box 101, Demarest, NJ 07627 by May 29th. (Late registrants cannot be guaranteed placement on a team, and notification may not be made until September.) Please add \$50 late fee per registration form(s) postmarked after May 29th.

DEMAREST ATHLETIC ASSOCIATION
P.O. BOX 101
DEMAREST, NEW JERSEY 07627



To the Parents of:
TOMMY LEWIS
32 BROOK WAY
DEMAREST NJ 07627