DELAWARE FOOTBALL CLUB

PARTICIPANT REGISTRATION FORM

RG-6

20_____
Seasonal Year

Instructions for filling out this form: *Print out a copy of this form. Fill it out completely and make sure it is signed by appropriate Parent(s)/Guardian(s). SUBMIT TO TEAM MANAGER/COACH or Club Administrator*

CHECK ONE:

☐ PLAYER ☐ HEAD COACH ☐ ASSISTANT COACH

LEAGUE_____ CLUB_____

TEAM AGE DIV. U- _____

FIRST NAME_____ LAST NAME _____

ADDRESS _____

CITY _____STATE _____ ZIP CODE _____

BIRTH DATE ☐☐-☐☐-☐☐ ☐ MALE ☐ FEMALE

M M D D Y Y

HAS THIS PLAYER BEEN ROSTERED TO A TEAM IN ANOTHER **US YOUTH SOCCER** ORGANIZATION? ☐ YES ☐ NO

IF YOU SELECTED **YES** TO THE PREVIOUS QUESTION, THE PLAYER IS CONSIDERED A TRANSFER. YOU MUST PROVIDE THE FOLLOWING INFORMATION ABOUT THE PLAYER'S **ID** ON THE PREVIOUS TEAM: STATE ASSOCIATION: _____

OUT-OF-STATE PLAYER ID _____ DOES THE PLAYER HAVE AN AUTHORIZED AND COMPLETED RELEASE

DOCUMENT FROM HIS/HER TEAM APPROVED BY THE PREVIOUS **US YOUTH SOCCER** STATE ASSOCIATION IN WHICH HE/SHE WAS ROSTERED? ☐ YES ☐ NO

☐ I, agree to provide a copy of birth certificate for player age-verification if needed

PARENT(S) / GUARDIAN(S) NAME(S) _____

PLEASE PRINT

E-MAIL ADDRESS(ES) _____

HOME PHONE _____ WORK OR CELL PHONE _____

Release Statement

NOTE: This statement MUST be signed by Parent/Guardian for Minor Player

I, the parent/guardian of registrant, a minor or adult registrant of legal age, agree that I and the registrant will abide by the rules of United States Soccer Federation, and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for United States Youth Soccer accepting the registrant for its soccer programs and activities ("the Programs"), I hereby release, discharge and/or otherwise indemnify USYS, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of registrant's participation in the Programs, and/or being transported to or from the same which transportation I hereby authorize

PARENT/GUARDIAN OR ADULT SIGNATURE _____ DATE ☐☐-☐☐-☐☐

M M D D Y Y