

City of Delta Confluence Soccer Registration Form - Fall 2018



Please circle below if you are willing to help in the following areas:

Coach Yes No Maybe
 Asst Coach Yes No Maybe
 Official Yes No Maybe

Age Division (Circle One)		
Division	DOB Between	Activity #
U-6	1/1/2013 - 12/31/2014	401100-H
U-8	1/1/2011 - 12/31/2012	401100-H1
U-10	1/1/2009 - 12/31/2010	401100-H2
U-12	1/1/2007 - 12/31/2008	401100-H3
U-14	1/1/2005 - 12/31/2006	401100-H4

Are you interested in game day set-up and take-down?

Name: _____ Phone: _____

Are you interested in sponsoring a team?

Business: _____

Contact Person: _____ Phone: _____

Please fill out form COMPLETELY.

Player: _____
 Address: _____
 Email **REQUIRED**: _____

Please circle one: Male Female

Zip: _____
 DOB: _____

Please list primary contact info

Guardian 1: _____
 Guardian 2: _____
 Emergency Contact: _____
 Medical Notes: _____
 Allergies: _____

Phone: _____
 Phone: _____
 Phone: _____

Years Played: 1st 2nd Over 3 Over 5 Over 7

T-shirt size: Please circle one YS YM YL AS AM AL

Fee Schedule

U6-U10 \$60.00
 U12-U14 \$65.00

Late Registration Fee \$10.00

Registration Deadline: July 21, 2018

Late registration cutoff: July 28, 2018

I, the below signed as an adult (or parent of), do hereby release the City of Delta, it's officers, agents, or employees from liability for any injuries or damages which may result to myself (my child) as a result of the Participation in the City of Delta Recreation Program. The applicant agrees to save and hold harmless the City of Delta, it's officers, agents, or employees for any damages or personal injury which may result from activities occurring on the property of the City of Delta which is used in conjunction with the Delta Recreation Program. Further the participant understands that parent or guardian participation is a requirement of this recreation program and that all of the coaches are volunteers. Pursuant to section 15-14-104, C.R.S., I delegate to DCYSA by its designated representatives the power to consent to and contract for emergency medical or dental treatment for my child on my behalf. This power of attorney shall not be affected by my disability.

 Parent Signature

 Date