

# 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