

Director's Use Only  
Division:  
Rating:

**Delaware Township Athletic Association  
PO Box 107, Sergeantsville, NJ 08557**

**Soccer Registration Form**

DTAA is a non-profit community organization, which provides recreational activities in our township. Delaware Township Athletic Association depends on various fundraising activities and assessments from participants. Funds from the township are available for limited field maintenance and improvement, so the charge per participant per sport is less than the total cost of each child's participation.

**PLEASE COMPLETE AND SIGN FOR EACH CHILD REGISTERED**

Child's Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City ST Zip

Phone/E-Mail: \_\_\_\_\_  
Home Phone Cell Phone (Mother/Father) E-mail Address

Gender:  Male  Female Birth Date: \_\_\_/\_\_\_/\_\_\_  
mm/dd/yy

Grade (during soccer season): \_\_\_\_\_ School: \_\_\_\_\_

Parent information: \_\_\_\_\_  
Father's Name Mother's Name

**Check one below. Notice: All special team requests may not be honored.**

- |  |                     |
|--|---------------------|
| <input type="checkbox"/> Micros (Kindergarten and under) | <u>Cost</u><br>\$40 |
| <input type="checkbox"/> Grades 1-8 (Divisions 3 - 6)    | \$85                |

Check Number: \_\_\_\_\_ Check Amount: \_\_\_\_\_

**REQUIRED PARENTAL SUPPORT**

Parental Support is very important and welcomed. Please check all areas listed below where you are able to help.

- |                                    |  |  |                               |
|------------------------------------|--|--|-------------------------------|
| <input type="checkbox"/> COACH     | <input type="checkbox"/> ASSISTANT COACH         | <input type="checkbox"/> FIELD PREPARATION | REFEREE COORDINATOR           |
| <input type="checkbox"/> WEBMASTER | <input type="checkbox"/> PICTURE DAY COORDINATOR | <input type="checkbox"/> SNACK COORDINATOR | END OF YEAR PARTY COORDINATOR |

**EMERGENCY CONTACT INFORMATION**

Person to notify in emergency \_\_\_\_\_ Phone No.: \_\_\_\_\_

Doctor to notify in emergency \_\_\_\_\_ Phone No.: \_\_\_\_\_

List any medical problems or prohibitions player may have: \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT (MINOR)**

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Parent/Guardian's Name (Print) Parent/Guardian's Signature Date

**GENERAL RELEASE**

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of DTAA. I am aware of the possibility of physical injury and assume the risk associated with the DTAA activities. In consideration of the opportunity to participate and other adequate considerations, I release, hold harmless and agree to indemnify the DTAA, its volunteers and associated personnel, including the owners and maintainers of the fields and facilities, against any claims by or on behalf of the registrant directly or indirectly related to this DTAA activity. I authorize transportation to and from the activity.

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