



Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Parents Name \_\_\_\_\_ Emergency Contact \_\_\_\_\_

I voluntarily desire to play for **The Dexter Soccer Club** **Select and Premier Program**. I understand that signing this form binds me to The DSC Select and Premier Program for the entire seasonal year 20%\$/201%(fall, winter and spring). I also agree to pay the DSC fees as outlined in the player's yearly fees for my age group for 20%\$/201% I understand that DSC reserves the right to exercise their "no pay no play policy". I furthermore acknowledge that I have read and agree to abide by DSC's Code of Conduct policy.

Signature of Player \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Yes, I have paid the initial \$350 initial commitment fee**

Signature of Coach/Team Official: \_\_\_\_\_ Date: \_\_\_\_\_

### **Dexter Soccer Club Athletic Waiver and Release of Liability**

In consideration to be allowed to participate in any DSC sanctioned soccer activity the  
Undersigned:

- 1) Fully understands that each participant will be engaging in activities that involve the risk of serious injuries or even death, which could occur through their own actions, the actions or negligence of others, the playing conditions, or the equipment used and acknowledges further, that there might be other risks not known or not reasonable foreseeable at this time:
- 2) Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
- 3) Release, Waive, discharge and covenant no to sue DSC, its member associations, coaches, teams and their respective administrators, directors, agents, employees, or board members.

4) Printed Name of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

5) Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_