



UNITED DFC



Mini Registration Form

Office Use Only	Processed By:	Payment Method Cash <input type="checkbox"/> Cheque <input type="checkbox"/>	Total Reg Amount: \$
Access Code:	Receipt Electronic <input type="checkbox"/> Paper <input type="checkbox"/>	Cheque # _____ \$50 _____ \$10 _____ Change \$20 _____ \$5 _____ \$ _____	

Player Surname	Date of Birth (YYYY-MM-DD)
Player First Name	Division
	Identified Gender

	Parent/Guardian #1	Parent/Guardian #2
Parent Surname		
Parent First Name		
Address (Postal Code Required)		
Phone (Primary)		
Phone (Secondary)		
Email		
Volunteer Interest*	Coach <input type="checkbox"/> Team Helper <input type="checkbox"/> Manager <input type="checkbox"/>	Coach <input type="checkbox"/> Team Helper <input type="checkbox"/> Manager <input type="checkbox"/>

★ All volunteers (coaches, assistant coaches/helpers and managers) will need to complete a Criminal Records Check and a Child Abuse Registry Check. Valid clearances will need to be submitted to the club office and will be kept on file.

I would consider donating a prize or product for special events or club fundraising events.

I am interested in information about or I have knowledge of sponsorship opportunities.

Year	2015	2014	2013	2012	2010/11
Division	U3 (co-ed only)	U4 (co-ed only)	U5	U6	U8
Community (C)	\$100	\$100	\$120	\$120	\$150
Prospects	--	--	--	--	\$220

U3 - U8C: To help build our teams, please fill out the following information.

Choose the Community in which you would like to play: <input type="checkbox"/> Cole Harbour <input type="checkbox"/> Dartmouth <input type="checkbox"/> Eastern Passage <input type="checkbox"/> No preference	Dartmouth/Cole Harbour Communities U5 and U6: Co-ed <input type="checkbox"/> Girls Only <input type="checkbox"/> Mon/Wed <input type="checkbox"/> Tues/ Thurs <input type="checkbox"/> No Pref <input type="checkbox"/> U3 and U4 (Co-ed only) Choose one night: Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> No Pref <input type="checkbox"/>	Eastern Passage Community U5 and U6 (Co-ed only): Tues/Thurs Only <input type="checkbox"/> U3 and U4 (Co-ed only): Mon Only <input type="checkbox"/>
	Same Team As - one friend only please:	Any medical conditions we should be aware of:

Sibling's Name and Division	Sibling 2:	Registration Fee	\$
3rd Sibling Discount (-\$35)	Sibling 3:	Sibling Discounts	\$()
Additional (4+) Siblings Free - Lowest Registration Free up to \$300.	Sibling 4:		
		Total	\$

**Financial Assistance Available through programs such as Jumpstart and Kidsport.
Some support also provided at a club level upon request - please contact the office - 902-433-3872.**

**ASSUMPTION OF RISK AND AGREEMENT TO ABIDE BY SOCCER NOVA SCOTIA AND UNITED
DARTMOUTH FOOTBALL CLUB BYLAWS, POLICIES, AND PROCEDURES**

Waiver: All players over 18 years of age, and the parent or guardian of those under 18 years of age must sign/acknowledge acceptance of this waiver form. The wording of this form meets the requirements of the United DFC as well as those set out by Soccer Nova Scotia, the provincial governing body for soccer.

ASSUMPTION OF RISK

There is a potential risk for injury involved in training and participating in any sport. Soccer Nova Scotia has tried to create a safe and controlled environment for safe participation. The Club and officials have established rules in conjunction with the governing body for participation and conduct on and about the playing area that should be followed.

I, the player, or I the parent(s)/legal guardian(s) of the player being registered, do hereby consent to myself or my child/ward playing soccer with United DFC, in the Harbour East District Soccer Association. I understand that the Club and its representatives will not be held liable for any loss or accident caused by or upon myself or my child/ward while participating in soccer or while traveling to or from games, practices or other club activities. I have also been made aware of the potential dangers of climbing on soccer goals/equipment and assume all liability for any personal injury to myself or to my child/ward as a result of such activities. In case of medical emergency, I give permission to the team management or club executive to take whatever steps may be necessary to obtain treatment for myself or my child/ward.

PHOTO RELEASE

- I grant to United DFC the right to take photographs of my child throughout the Summer 2018 season.
- I authorize United DFC, its assigns and transferees to copyright, use and publish the same in print and/or electronically.
- I agree that United DFC may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity/news releases, illustration, print advertising, and Web content (including social media).

AGREEMENT TO ABIDE BY SNS AND CLUB BYLAWS, POLICIES AND PROCEDURES

I agree to abide by Soccer Nova Scotia and the United DFC's Bylaws, policies, and procedures at all times. FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION) This is to certify that I, as parent/guardian with legal responsibility for this participant, on behalf of the participant, do consent and agree to the assumption of risk and agreement to abide by Soccer Nova Scotia and United DFC's Bylaws, policies and procedures.

X _____
PRINT PARTICIPANT'S NAME

X _____
PARENT/GUARDIAN SIGNATURE

X _____
WITNESS

X _____
Date Signed