



# UNITED DFC



## Registration Form - Summer (Skills Centre & Performance)

<b>Office Use Only</b>	Processed By:	Payment Method		<b>Total Reg Amount: \$</b>
	Date Processed:	Cash <input type="checkbox"/>	Cheque# <input type="text"/>	
		Credit Card <input type="checkbox"/>	Payment Plan <input type="checkbox"/>	

Player(s) Surname:							
Player First Name (1)		Division		Date of Birth (YYYY-MM-DD)		Identified Gender	Health Card Number
Player First Name (2)		Division		Date of Birth (YYYY-MM-DD)		Identified Gender	Health Card Number
Player First Name (3)		Division		Date of Birth (YYYY-MM-DD)		Identified Gender	Health Card Number
Player First Name (4)		Division		Date of Birth (YYYY-MM-DD)		Identified Gender	Health Card Number

	Parent/Guardian #1	Parent/Guardian #2
Parent Surname		
Parent First Name		
Address (Postal Code Required)		<input type="checkbox"/> Same as Guardian 1
Phone (Primary)		
Email		
<b>Volunteer Interest*</b>	Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Manager <input type="checkbox"/>	Coach <input type="checkbox"/> Assistant Coach <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	Division (Skill Centre)	Cost	Year	Division	Cost
2012	U7	\$295	2006	U13 A	\$425
2011	U8	\$295		U13 AA	\$795
2010	U9	\$425	2005/2004	U15 A	\$425
2009	U10	\$425		U15 AA	\$795
2008	U11	\$425		U15 AAA	\$795
	U12	\$425	2001-2003	U18 A	\$425
2007	U12 WC	\$795		U17AA	\$795
			2002/2003	U17 AAA	\$795

**U12 Skills Centre & A Players:**  
 Are you Interested in Strength & Conditioning Training at an additional cost?  
 Yes  No

Player #1 Jersey Size \_\_\_\_\_  
 Player #2 Jersey Size \_\_\_\_\_  
 Player #3 Jersey Size \_\_\_\_\_  
 Player #4 Jersey Size \_\_\_\_\_

Any medical conditions of which we should be aware:

3rd Sibling Discount (-\$35):	Registration Fee	\$
	Jersey Deposit (\$80x__players)	\$
Additional (4th) Siblings Free - Lowest Registration Free up to \$300.:	Sibling Discounts	\$( )
	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 - 902-404-UDFC (8332) or [info@udfc.ca](mailto:info@udfc.ca)

**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 2019 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