



**Travel and In-House
Player Form
SPRING 2010**

**Mail Registration To:
P.O. Box 741, Dearborn MI 48121**

FOR CLUB USE ONLY	
Player #:	Player Age:
Date Received _____	
Ck# / Cash: _____	
Amount: _____	
Received By: _____	
Season: _____	
Travel	In-House

1. Soccer Experience _____ Last Team Name: _____
 2. Interested in coaching? Yes ____ No ____ Assistant Coach? _____
 3. This registrant is (Male ____) (Female ____) School _____
 4. **Remarks** _____

5. Parents Names _____

6. Player's **Last Name** _____ **First Name** _____

7. Address _____ City _____ State _____ Zip _____

8. Phone Number (____) _____ Email Address _____

9. Player's Date of Birth ____ / ____ / ____ **Cell # (____)** _____
month / day / year

Height _____
Weight _____ lbs.

10. Player is being registered for the SPRING ONLY Registration fee \$70.00

\$ 75.00 late fee will be assessed for players signing up after the cut off date for Fall or Spring

11. Uniform Size Youth XS Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

PLEASE NOTE: A \$25 uniform fee will apply if player outgrows, loses, or damages uniform etc.

Players returning to a team in the **Spring MUST** be registered by **November 1st** to be placed on the **same team**.
Spring Registration cut off date is February 9th

Registrations received after the cut off dates will be placed on a waiting list and placed on teams as space becomes available.

**REFUNDS WILL BE GIVEN ONLY IF THE DEARBORN SOCCER CLUB IS UNABLE TO PLACE THIS REGISTRANT ON A TEAM.
 NO REFUND WILL BE GIVEN IF THIS REGISTRANT QUILTS AT ANY TIME. TEAM REQUESTS ARE NOT GUARANTEED.**

DUE TO MSYSA (MICHIGAN STATE YOUTH SOCCER ASSOCIATION) BY-LAW RESTRICTIONS, ONCE A PLAYER IS PLACED ON A TEAM, HE/SHE CANNOT BE TRANSFERRED TO ANOTHER TEAM BETWEEN FALL AND SPRING.

I hereby certify that it is with full knowledge and consent that the above named player may take part in the Dearborn Soccer Club program. He/She has no physical problems that would prohibit his/her participation in the Dearborn Soccer Club program. I will not hold the City of Dearborn, the City of Dearborn Recreation Department or its officers or agents, Departments, Employees, and Elected and/or Appointed Officials, the City of Dearborn Board of Education, the Dearborn Soccer Club, its principals or its representatives responsible for any injury my child (ward) may sustain while participating in the Dearborn Soccer Club programs.

 Parent or Guardian's Signature

 Date

PLEASE SEND THIS REGISTRATION FORM, ALONG WITH A COPY OF PLAYER'S BIRTH CERTIFICATE, AND YOUR CHECK MADE PAYABLE TO "THE DEARBORN SOCCER CLUB" TO THE FOLLOWING ADDRESS: DEARBORN SOCCER CLUB, P.O. BOX 741, DEARBORN, MI 48121. DEARBORN SOCCER CLUB WILL NOT ACCEPT ANY REGISTRATIONS WITHOUT A COPY OF THE PLAYER'S BIRTH CERTIFICATE. THIS INCLUDES BOTH NEW AND RETURNING PLAYERS. NO EXCEPTIONS WILL BE MADE!

**Dearborn Soccer Club Hotline (313) 565-4433
 www.dearbornsoccer.org**