



Team placed on DEL-_____ U _____

Travel / In-House

Coach _____

Amount Paid \$ _____ cash _____ ck # _____

ALL PLAYERS MUST: Print, fill out and submit Medical Release Form and Code of Ethics. New players also need a photo copy of child's birth certificate. (Notary service available with copy of photo ID). *If child is 12 or older and has a foreign birth certificate, you will also need the International Waiver Form. Print, fill out and submit with above items.*

PLAYER'S NAME: _____ **DOB** ____/____/____ **M / F**
Age (as of July 31, 2009) _____ **Grade you're in** _____ **School you attend** _____

****UNIFORM INFORMATION** (Circle appropriate sizes)**

YOUTH: Jersey XS SM MED LG Socks: youth adult
 Shorts XS SM MED LG
ADULT: Jersey SM MED LG XL Choose 3 numbers, not guaranteed
 Shorts SM MED LG XL # _____ # _____ # _____

PARENT/GUARDIAN INFORMATION: Address where Child resides: Mom ___ Dad ___ Other ___

Mom's Name _____ Home Phone _____ - _____ - _____

Address: _____ Work Phone _____ - _____ - _____

City: _____ Zip _____ Cell Phone _____ - _____ - _____

e-mail address: _____

Dad's Name _____ Home Phone _____ - _____ - _____

Address: _____ Work Phone _____ - _____ - _____

City: _____ Zip _____ Cell Phone _____ - _____ - _____

e-mail address: _____

Would you like to Coach ___ Asst. Coach ___ (Must fill out coaching forms. We do background checks on all adult coaches 18 and older). Discount for coach's child. One year commitment required.

Interested in becoming a Referee? Mom ___ Dad ___ Child ___ must be 12 yrs of age

MEDIA RELEASE: I hereby acknowledge that visual images and/or voice recordings may be made of my child on behalf of FYSA, Deltona Youth Soccer Club and any other sponsoring entities while participating in any and all events associated with them. I also acknowledge that the foregoing entities and their assigns may reproduce, modify, publicize, broadcast and display any such visual images or voice recording, without notice or payment of any royalty, fee, or other compensation of any character to me for the use of my child's image, or voice.

PARENT CONTRACT: I understand that my child is registering and making a commitment to play on a team for one seasonal year, Aug 1, 2009 - July 31, 2010. Once the registration is processed there will be no refunds. Players that quit, drop or transfer from any team at any time during the seasonal year will be charged a \$300.00 fee. Non payment of this fee will result in your child being placed "not in good standing" with FYSA, meaning that you will not be able to sign your child up for any FYSA affiliated club now or in the future until fees are paid.

This fee does not apply to the in-house teams unless you are transferring to another club.

DYSC reserves the right to waive said fees.

I have read the above media release and parent contract and agree to the terms as stated.

PARENT SIGNATURE _____ **DATE** _____