

Registration Form Instructions

Please check each item indicating you have read and understand.

- Please ensure you provide all the information requested.
- Please print clearly.
- Payments or a PayPal payment confirmation number **MUST** accompany the registration forms.
- Insurance information is required to process your child's registration.
- If your child hasn't played for Dunedin Stirling Soccer Club before, you must provide an original copy of your child's birth certificate when you register. We will scan and return the document at that time.
- If you have more than one child who is going to register, all registration forms must be presented at the same time. **Registrations presented separately may be assigned different practice nights.**
- We utilize email to communicate with you. Email addresses must be legible and **MUST NOT** make use of Auto-Responders or Out of Office Auto Replies. Email addresses provided that make use of these notifications will be automatically removed from the system.
- During the GYSA season, U10 and above teams play in a traveling league. Games are played all over Pinellas County with approximately 50% of those games being away games.
- If you are going to coach your child's team, and you have more than one child playing this season, please make that notation **ONLY** on the registration form that contains the child you wish to coach.
- If you would like to coach, you will be required to pass a background screening before being placed on a team.
- Soccer age is based upon your child's age as of Aug 1st.
- If your check is returned for NSF, you will receive an email notification of the issue and will have 5 calendar days to resolve the issue. Full payment along with a \$25.00 returned check fee and a \$10.00 bank fee must be paid within 5 days by cashier's check, money order or cash in order for your child to remain on the roster.

If you have any questions, please ask before submitting your registration paperwork.



Dunedin Stirling Soccer Club

**GYSA (Fall) / In-House (Spring)
Recreation Sign-up**

***** For Office Use Only *****		
Age Grp: _____	In Gotsoccer: _____	Accepted By: _____
Paid By: _____	Amount Pd: _____	Check/Conf #: _____
Last name on check (if different than player name): _____		

Player Name _____

Player Date of Birth _____ Boy [] Girl []

Address _____

City _____ State _____ Zip Code _____

Parent/Guardian Name(s) _____

Home Phone _____ Alt. Phone _____

Email Address (please print legibly) _____

Has your child played in Dunedin? _____ Player Pass Number: _____

Are you: interested in coaching? (*) _____ Sponsoring a team? _____

Uniform Order (Please Check One)

Youth Sizes: Small [] Medium [] Large []

Adult Sizes: Small [] Medium [] Large []

Uniform sizes include t-shirts, as well as shorts, and game jerseys, where applicable.

Registration Fees:

U6 & U8 - \$130.00, this **DOES NOT** include the \$25.00 volunteer buy-out. (**)
U10 and older - \$150.00, this **DOES NOT** include the \$25.00 volunteer buy-out. (**)

U8 Team Proudly Sponsored By:



Additional Information

Season Information:

The Coach assigned to your team will contact the players approximately two weeks prior to the beginning of the season with your practice night and time. Each player will receive two t-shirts and a pair of black shorts. Parents are required to provide shin guards, soft cleats, and a regulation soccer ball for each of their children.

(*) Coaching Information:

If you are interested in coaching your child's team, please check yes on the form for the team you wish to coach. As a team coach you: A) will be required to complete and successfully pass a background check; B) are entitled to have the registration fee for one (1) of your children waved (returning coaches only), C) manage all paperwork for your team; D) communicate regularly with the Club's Recreation League VP; and E) notify the Club of any issues relating to players and/or parents in a timely manner. There will be a mandatory coach's meeting prior to the start of the season. All coaches are required to purchase uniforms for their child.

Special Requests:

Due to scheduling requirements, we cannot honor requests for a specific practice night. However, we may try to accommodate placing sibling on the same practice night, if that is possible. Practice times for U6 & U8 typically begin at 6:00pm & 7:00pm.

COACH REQUESTS CANNOT BE HONORED

Roster Changes:

Once teams are formed, roster changes cannot be made. The only exception to this policy is if the mistake is made by the Club.

() Volunteer Buy-Out:**

Your registration fee does not include a \$25.00 volunteer buy-out fee. The volunteer buy-out is per family, NOT per child. In order to be eligible for a refund of the \$25.00 fee, you must complete at least two (2) hours of volunteer time on tasks/jobs assigned by a board member of DSSC. Once your assigned task is completed, you are required to complete and submit a reimbursement voucher which can be obtained at the concession stand. Your fee will then be refunded within fifteen (15) business days.

If you have any questions about the above information, please see a DSSC board member who will be happy to answer any questions you may have.

I have read and understand the above information

Signature of Parent/Guardian

Date



Dunedin Stirling Soccer Club

Dunedin Stirling Soccer Club Medical Release Form

I, _____ (Parent/Guardian) hereby give permission for any and all medical attention to be administered to my child _____ (Child's name) in the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

Parent(s) Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Alt. Phone _____

Insurance Carrier _____

Subscriber _____

Policy # _____ Group # _____

In case I cannot be reached, any of the following persons is designated to act on my behalf:

- Coach _____
- Asst. Coach _____
- Manager _____
- A league representative where my child is playing
- Any tournament representative where my child is participating in a tournament.

Child's Physician _____

Address _____

Phone # _____ Known allergies _____

Signature of Parent/Guardian

Date

DUNEDIN PARKS & RECREATION DEPARTMENT
RELEASE, WAIVER AND INDEMNIFICATION
CHILD

I, _____ for myself, my heirs and personal representatives, and for the minor child _____, and his/her heirs and personal representatives, hereby assume for myself and for said child, all liabilities, risks, injuries and hazards incidental to participation in all activities and programs offered by the City of Dunedin Parks and Recreation Department or other sponsoring organization in which said child participates, including transportation to or from said activity. I represent that I am the natural parent or legal guardian of such child and have full lawful authority to execute this release, waiver and indemnification on behalf of said child, binding myself and said child and the child's heirs and personal representatives to the undertakings herein set forth. I acknowledge the fact that this program may/or does involve physical contact or other conditions where injuries may occur. I do hereby waive, release and agree to hold harmless the CITY OF DUNEDIN, its officers, agents, employees, the organizers, sponsors, activity supervisors, co-sponsoring organizations and participants for and from any claim, demand, liability, costs, suits, charges or compensation for loss or injury of any kind arising out of a loss or an injury, including losses or injuries arising from the negligence of the CITY OF DUNEDIN, its agents or employees and sponsors or activity supervisors, arising from the child's participation in the said activity. I assume all risk of injury, liability, and loss arising from the child's participation in or presence at said activity. I acknowledge that the CITY OF DUNEDIN will not assume any costs relating to any injury while the child is involved in this activity.

This waiver, release and indemnification is in consideration of the CITY OF DUNEDIN or activity sponsor permitting the child's participation in the activity or program and in further consideration of the CITY OF DUNEDIN not requiring self-funded liability insurance coverage as a condition precedent to the child's participation in the activity. I freely and voluntarily assume for myself and for the said child all risk of loss or injury arising from the child's participation in the activity whether due to the child's negligence, or the negligence of others. I acknowledge that, absent this release and indemnification, the CITY OF DUNEDIN or other sponsor of the activity would not have offered the child access to the activity because of unacceptable exposure to liability claims or the expense of providing a program that is risk-free.

I have read and understood this document and sign it freely and knowingly, intending that it shall be fully operative and effective in all respects and that it waives legal rights to which I and the child might otherwise be entitled if the child is hurt or suffers loss during the child's participation in the activity. I represent and warrant that I have full legal authority to execute this form for the purposes expressed herein as legal or natural guardian of the minor child.

This Release, Waiver and Indemnification form shall remain in full force and effect for all programs or events until such time as the undersigned withdraws this Release, Waiver and Indemnification form in writing and delivers the same to the City of Dunedin Parks and Recreation Department.

- YOU MUST CAREFULLY READ THIS DOCUMENT BEFORE SIGNING IT.
- YOU ARE WAIVING OR RELEASING VALUABLE LEGAL RIGHTS.
- YOU ARE ADVISED TO SEEK THE ADVICE OF AN ATTORNEY IF YOU DO NOT FULLY UNDERSTAND THIS DOCUMENT.

SIGNED THIS _____ DAY OF _____, 20_____.

Signed in the presence of the following witnesses:

