



Dunedin Stirling Soccer Club

Spring 2010 Recreation Sign-up

League Age _____	Boys / Girls /Coed _____	Release on file _____	Age verified _____
Team Assignment _____	Volunteer Sign-up _____	Amount Paid _____	
Office Use Only			

Player Name _____ Date of Birth _____ Boy Girl (please check one)

Address _____

City _____ State _____ Zip Code _____

Parent(s) _____

Home Phone _____ Alternate Phone _____

Email Address _____

Playing Experience (in seasons) _____ Has your child played in Dunedin? _____

Are you interested in coaching? _____ Are you interested in sponsoring a team? _____

Uniform Sizes
T- Shirt Size
Jersey Size
Short Size
Sock Size

Misc. Notes

Season Information

Spring Season will begin March 13th. Practices will start 3/9 or 3/11 depending on the teams practice night. All practices will be either Tuesday or Thursday evening. Coaches will contact the players approximately one week prior to the beginning of the season.

The fee is \$90.00, for U6, plus a \$25.00 volunteer buy-out. The fee is \$110.00 for U8 and older, plus a \$25.00 volunteer buy-out. The volunteer buy-out will be refunded after the required 2 hours of volunteer time has been fulfilled. Each player will receive two t-shirts.



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 _____ (Childs name) in the event of accident, injury, sickness, etc., under the direction of the persons 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 _____ Alternate 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

Childs Physician _____

Address _____

Phone # _____ Known Allergies _____

Signature (Parent/ Guardian) _____ Date _____



Dunedin Stirling Soccer Club

Dunedin Recreation Division 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 in participation in all activities and programs offered by the City of Dunedin Recreational Division or other sponsoring organization in which said child participates, including transportation to or from said activity. I represent that I am 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, employees and sponsors or activity supervisors, arising from the child's participation in the said activity. I acknowledge the CITY OF DUNEDIN will not assume any costs relating to any injury while the child is involved in the 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 and 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, absence 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 to 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 purpose expressed herein as legal or natural guardian of the minor child.

YOU MUST CAREFULLY READ THIS DOCUMENT BEFORE SIGNING IT.

YOU ARE WAIVING OR RELEASING VALUABLE RIGHTS.

YOU ARE ADVISED TO SEEK THE ADVICE OF AN ATTORNEY IF YOU DO NOT FULLY UNDERSTAND THIS DOCUMENT.

SIGNED THIS _____ DAY OF _____, 2010

Signature _____ Printed Name _____

Witness _____