



DYSC Girls High School Summer Program 2019

SUMMER SOCCER PROGRAM FOR HIGH SCHOOL GIRLS

DAYS: MONDAY, WEDNESDAY AND FRIDAY

FROM: JULY 7th thru AUGUST 16th

TIME: 7:30-9:00 am

LOCATION: Kenosia Fields

Cost: \$100 Registration Fee

Players must bring shin guards and water.

REGISTER ON LINE @ www.danburiyouthsoccer.org OR Fill out form below and mail check payable to: 'Danbury Youth Soccer Club' To: DYSC Soccer Camp, 42 Lake Ave. Ext. Suite 351, Danbury, CT. 06811

PLEASE PRINT CLEARLY

CAMPER'S INFORMATION

Month Day Year Circle

Name: _____ Birth Date: ____/____/____ Boy or Girl

Address: _____ City: _____

Zip: _____

Home Phone: _____ Cell Phone: _____ Best Contact during camp: Home Cell

Medical Issues/Allergies: _____

Email Address: _____ Grade entering in Fall _____

INDEMNIFICATION, RELEASE AND CONSENT FOR MEDICAL TREATMENT (MINOR)

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Danbury Youth Soccer Club and its sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the Danbury Youth Soccer Club, I am accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the Danbury Youth Soccer Club, NW District, CJSA, USYSO and approved tournaments, its sponsors, their volunteers, employees and associated personnel, including the owners of the fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and or being transported to or from the same, which transportation I hereby authorize. As the parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry or Emergency Medical Technician. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

X _____ Registration Date: ____/____/____
Required Signature of Parent/Legal Guardian

Person to notify in emergency: _____ (____) _____
Relationship Telephone Number

Thank-you for supporting Danbury Youth Soccer Club, a non-profit, 501c3, all volunteer organization,
Serving the Youth of Danbury since 1977

For Official Use Only

Date Received	Received by	Check Number	Amount