



TRAVEL TEAM 2005/06 REGISTRATION FORM

July 2005

Dear Soccer Club Family:

The 2005-2006 soccer year has begun. We encourage you to register early by filling out both pages of this form and returning it with your payment to the Dryden Soccer Club, Registrar, P.O. Box 277, Dryden, NY 13053. Your child will not be registered without proper payment. Forms can be printed from the web site listed below.

The programs available throughout the year for your child to participate in are listed below.

PLAYER S'NAME _____ DATE OF BIRTH _____

PARENTS OR GUARDIANS _____

ADDRESS _____ PHONE # _____
(please fill in entire address, including City and Zip Code)

PROGRAMS:

There is an \$15.00 membership fee in addition to the program fee. This covers \$7.00 for registering with New York State West Soccer Association and \$8.00 for Club membership. Please circle one answer for each option available.

Table with 4 columns: Required, Membership Fee (One time annual fee required of all players), FEE, DEADLINE. Rows include Competitive Outdoor Fall Travel Soccer (U8-U14), Competitive Indoor Winter Travel Soccer (U8-U19), Competitive Outdoor Spring Travel Soccer (U8-U19) PLUS, Spring Travel Team Player Pass Fee (required for above), and Scholarship Fund (optional).

RECREATIONAL LEAGUE FORMS ARE NOW AVAILABLE FROM THE TOWN OF DRYDEN.

ARE YOU PRIMARILY REGISTERED WITH ANOTHER CLUB? _____ IF SO, WHAT IS THE CLUB NAME AND TEAM?

YEARS OF JV EXPERIENCE _____ YEARS OF VARSITY EXPERIENCE _____
DO YOU HAVE AN INTEREST AND/OR EXPERIENCE IN PLAYING GOALIE? _____

Please be aware that there is no guarantee that your child will be placed on a travel team. As our club grows, we are finding that there are not enough coaches to accommodate all children who want to play. We are always looking for coaches.

Check payable to: Dryden Soccer Club, Registrar, P.O. Box 277, Dryden, NY 13053

It is required of all travel team members/families to volunteer at our annual soccer tournament. All members are encouraged to help in the Club s'operation. Is there a specific role you would like to fill in our Club? The success of the programs offered are dependent upon parent volunteers. Please consider one of the following options:

- Coach Assistant Coach Set up (Indoor)
Travel Team Manager Club Committee Member Referee (Indoor)

Forms available at the Dryden Soccer Club Web Site: http://www.drydensoccer.org

SOCCER CLUB USE ONLY

LEE: _____ AMOUNT PAID: _____ METHOD OF PAYMENT: _____ DATE: _____

DRYDEN SOCCER CLUB
P.O. Box 277, Dryden, NY 13053

<http://www.drydensoccer.org>

League Member of New York State West Soccer Association

Affiliated with the United States Youth Soccer Association, United States Soccer Federation and FIFA

REGISTRATION / MEDICAL RELEASE FORM
Please Print Clearly and COMPLETE ALL Applicable Items

Name: Last _____ First _____ Initial _____

Address: _____

City: _____ **State:** _____ **Zip Code** _____

Home Phone: _____ **Alternate Phone:** _____

Email Address: _____ **Jersey Size** YS YM YL AS AM AL XL XXL
(this REALLY helps your coach)

Birthday: (mm/dd/yy) _____ **Gender:** M F **School** _____ **Grade in School** _____

Father: _____ **Telephone: (H)** _____ **(W)** _____

Mother: _____ **Telephone: (H)** _____ **(W)** _____

Physician: _____ **Telephone:** _____

Dentist and/or Orthodontist: _____ **Telephone:** _____

Emergency Contact Name: _____ **Telephone:** _____

List any medical problems we should know about: _____

I, the legal parent/guardian of the applicant, agree that I and the applicant will abide by the rules of the DRYDEN SOCCER CLUB, INC. (The Club); its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for The Club accepting the applicant for its soccer programs and activities (The Programs); I hereby release, discharge and/or otherwise indemnify its affiliate organizations and sponsors, their employees and association personnel, including the owners of fields and facilities used for The Programs, against any claim by or on behalf of the applicant as a result of the applicant s' participation in The Programs and/or being transported to or from the same, which transportation I hereby authorize.

I and the above applicant hereby give consent for emergency care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent.

Signature of Parent/Guardian: _____ **Date:** _____

Notary Use:

Notary Public