



DEARBORN HEIGHTS SOCCER CLUB

Registration Form

Dearborn Heights Soccer Club
P.O. Box 159
Dearborn Heights, MI 48127
www.dhsoccer.org

Last Name _____	First Name _____
Address _____	City _____ Zip _____
Home Phone # _____	Cell Phone # _____
Email Address _____	School _____
Father Name: _____	Mother Name: _____
If child has played on a soccer team, list most recent organization, team name, and year: _____	
Birth Date: _____	Gender: _____
PeeWee School district most convenient playing location: _____	

RETURNING PLAYERS HAVE PRIORITY STATUS TO RETURN TO THEIR TEAM UNTIL MARCH 1, 2011
ALL REGISTRATION ENDS FEBRUARY 28, 2011
AFTER FEBRUARY 28, ALL REGISTRATION IS ON A NEED-TO-FILL-BASIS ONLY- A \$25 LATE FEE APPLIES

<i>PeeWee Players (BORN 8/1/02-7/31/06)</i>	Spring Session only \$ 70 _____
<i>Travel Players (Born 8/01/91 – 7/31/02)</i>	Spring Session Only \$100 _____ UNIFORM INCLUDED
<i>Select Players (Born 8/01/91 – 7/31/02)</i>	Spring Session Only \$100 _____ UNIFORM INCLUDED
<i>PREMIER Players (Born 8/01/91- 7/31/02)</i>	Spring Session Only \$ 185 _____ UNIFORM INCLUDED

PeeWee players ONLY may use reversible white/green uniform with black shorts from previous season.
All TRAVEL/SELECT/PREMIER Players will receive a new uniform (Shirt/Shorts/Socks) included in registration fee
New or returning player in need of a new uniform include a check for \$25 and check the size from the list
Must select size Youth: Medium Large or Adult: Small Medium Large X large

REFUND POLICY: A refund will be given ONLY if the DEARBORN HEIGHTS SOCCER CLUB cannot place a player on a team

I, the parents or guardian of the above child, hereby certifies that the above child is in good physical condition. I allow this child to play with the Dearborn Heights Soccer Club (DHSC) and understand that I will assume all responsibility for this child and for injuries, sustained in contests, practices, or activities under the direction of the DHSC. I release and hold harmless the City of Dearborn Heights; the officials; directors; coaches and referees of the DHSC; and the same of any club affiliated with the Michigan State Youth Soccer Association; for any action whatsoever which may arise from any sponsored activities of the Dearborn Heights Soccer Club.

I understand that this child is committed to play soccer for the DHSC for the seasonal soccer year, which starts with the Fall season and ends with the Spring season. This child may not move to another team between the Fall session and the Spring session. I also understand and accept that although that the DHSC will make every attempt possible to honor requests for my child to play with a particular team, coach or with a friend, that they do not guarantee that they will be able to do so.

I have read this contract, understood this contract, and agree to abide by this contract. I will inform the Dearborn Heights Soccer Club, in writing, of any changes to the information I have entered on this contract.

Parent or guardian signature Date

Comments: _____

OFFICIAL USE ONLY

Date: _____ Amount Received \$ _____ Cash _____ Or Check # _____ Other _____

Age Division _____ Team Assigned _____ Uniform Size _____

YDP Registrar (313) 505-1018 peeweereg@dhsoccer.org Travel Registrar (313) 505-0790 travelreg@dhsoccer.org