



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: Click here to enter a date.	Gender: Choose an item.

Our Success in DHSC is due to active participation of all parents in our program. Check area(s) in which you would be willing to help

Coach
 Asst Coach
 Team Manager
 Field Preparation
 Special Project/ Fundraising
 Sponsor

RETURNING PLAYERS HAVE PRIORITY STATUS TO RETURN TO THEIR TEAM UNTIL FEBRUARY 1,2012
ALL REGISTRATION ENDS MARCH 1, 2012
AFTER AUGUST 1, ALL REGISTRATION IS ON A NEED-TO-FILL-BASIS ONLY- A \$25 LATE FEE APPLIES
Peewee Must be Born between (8/1/03-7/31/08)

Spring Registration Fee only

Uniform Included \$ 95

Without Uniform \$ 70

Please choose uniform: Youth Small Youth Medium Youth Large Adult Small

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 _____

Peewee Registrar (313) 600-2684 peeweereg@dhsoccer.com