

DuBois Soccer Association

PO Box 43, DuBois, PA 15801

DuboisSoccer.com



Fall 2022 Travel Registration

PLAYER INFORMATION				
Last Name:	First Name:	Birth date: / /	Current Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
ATTACH COPY OF BIRTH CERTIFICATE Required by PA West				
CONTACT INFORMATION				
Primary Address:		Primary Phone: ()	Secondary Phone: ()	
City:	State:	ZIP Code:	Email Required:	
Primary Contact Name:			Secondary Contact Name:	
REGISTRATION FEE				
Fall Registration Fee	\$60	Registering for Fall and Spring both \$110	<input type="checkbox"/> Cash	<input type="checkbox"/> Check #
MEDICAL RELEASE AND PARTICIPATION AGREEMENT				
<p>I, the undersigned, parent or legal guardian of the participant(s), a minor, hereby authorize the coaches, assistant coach, and or parents of team members acting in the capacity of activity supervisors/vehicle driver s, as my agents, to consent to medical surgical, or dental examination and or treatment to the above said minor(s), by any physician or surgeon in the event of an accident, injury, sickness, etc., under the direction of any of the s aid person(s) on this registration when the need f or such treat ment is immediate and until such time as I can be contacted.</p> <p>This release is effective for all activities (including travel) associated with the team including: 1) All soccer practice session and exhibition games. 2) All soccer league games. 3) All tournament games.</p> <p>I also assume responsibility for payment of such treatment. I, the parent/guardian of the registrant, a minor agree that I and the registrant will abide by the rules of the USYSA, its affiliates, organizations, and sponsors. Recognizing the possibility of physical injury associated with soccer programs and activities (the "programs"). I hereby release, discharge, and/ or otherwise indemnify the USYSA, its affiliates, organizations, and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized f or the programs, against any claim by or on behalf of the registrants participation in the programs and/ or being transported t o or from the same, which transportation I hereby authorize.</p> <p>We hereby agree that the soccer association for youth (SAY) its members, coaches or officers shall not be liable f or any injury or loss which my child may sustain while participating in activities of any kind whet her sponsored by or under the supervision of SAY and we agree to indemnify and to hold harmless SAY, its members, coaches, officers or designates of any kind from any claim whatsoever.</p>				
Parent or Guardian Name (Print) _____			Date: _____	
Parent or Guardian Signature _____				
TEAM INFORMATION				
Town Name / Team Name:		The following MUST be included with your registration:		
Effective immediately, US Soccer, PA West, and DSA have adopted birth year age group guidelines. District league groups subject to change:		<input type="checkbox"/> Check payable to "DuBois Soccer Association"		
<input type="checkbox"/> U-13 Born in 2010		<input type="checkbox"/> Copy of player's birth certificate (if not in system)		
<input type="checkbox"/> U-12 Born in 2011		<input type="checkbox"/> Wallet 2x3 photo (if not in the system)		
<input type="checkbox"/> U-11 Born in 2012				
<input type="checkbox"/> U-10 Born in 2013				
<input type="checkbox"/> U-9 Born in 2014				
		*Do you have a uniform? <input type="checkbox"/> Yes <input type="checkbox"/> No # _____		

*Cost of uniform is the responsibility of the player or guardian and will be ordered by the team manager.

PA West Travel Teams are formed by invitation and tryout, a limited number of positions may be available on each roster. If you have any questions concerning this program email us at info@duboisoccer.com