



**Travel and In-House  
Player Form  
FALL 2009**

**Mail Registration To:  
P.O. Box 741, Dearborn MI 48121**

**FOR CLUB USE ONLY**

Player #:	Player Age:
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1. Soccer Experience \_\_\_\_\_ Last Team Name: \_\_\_\_\_  
 2. Interested in coaching? Yes \_\_\_\_ No \_\_\_\_ Assistant Coach? \_\_\_\_\_  
 3. This registrant is (Male \_\_\_\_ ) (Female \_\_\_\_ ) School \_\_\_\_\_  
 4. **Remarks** \_\_\_\_\_

Date Received \_\_\_\_\_  
 Ck# / Cash: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Received By: \_\_\_\_\_  
 Season: \_\_\_\_\_

5. Parents Names \_\_\_\_\_  
 6. Player's **Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

<b>Travel</b>	<b>In-House</b>
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7. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

8. Phone Number (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Height _____
Weight _____ lbs.

9. Player's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ **Cell # (\_\_\_\_)** \_\_\_\_\_  
month / day / year

10. Player is registering for which plan? (A) Fall/Spring \$100 (B) Fall Only \$70 (C) Spring Only \$70

**\$ 25.00 late fee will be assessed for players signing up after the cut off date for Fall or Spring**

11. Uniform Size Youth XS Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

**PLEASE NOTE:** Player will use uniform for Fall and Spring - choose size accordingly  
 A \$25 uniform fee will apply if player outgrows, loses, or damages uniform etc.

Players returning to a team in the **Fall MUST** be registered by **May 30th** to be placed on the **same team**.  
**Fall Registration cut off date is June 30th**

Registrations received after the cut off dates will be placed on a waiting list and placed on teams as space becomes available.

**REFUNDS WILL BE GIVEN ONLY IF THE DEARBORN SOCCER CLUB IS UNABLE TO PLACE THIS REGISTRANT ON A TEAM.  
 NO REFUND WILL BE GIVEN IF THIS REGISTRANT QUILTS AT ANY TIME. TEAM REQUESTS ARE NOT GUARANTEED.**

DUE TO MSYSA (MICHIGAN STATE YOUTH SOCCER ASSOCIATION) BY-LAW RESTRICTIONS, ONCE A PLAYER IS PLACED ON A TEAM, HE/SHE CANNOT BE TRANSFERRED TO ANOTHER TEAM BETWEEN FALL AND SPRING.

I hereby certify that it is with full knowledge and consent that the above named player may take part in the Dearborn Soccer Club program. He/She has no physical problems that would prohibit his/her participation in the Dearborn Soccer Club program. I will not hold the City of Dearborn, the City of Dearborn Recreation Department or its officers or agents, Departments, Employees, and Elected and/or Appointed Officials, the City of Dearborn Board of Education, the Dearborn Soccer Club, its principals or its representatives responsible for any injury my child (ward) may sustain while participating in the Dearborn Soccer Club programs.

\_\_\_\_\_  
 Parent or Guardian's Signature Date

**PLEASE SEND THIS REGISTRATION FORM, ALONG WITH A COPY OF PLAYER'S BIRTH CERTIFICATE, AND YOUR CHECK MADE PAYABLE TO "THE DEARBORN SOCCER CLUB" TO THE FOLLOWING ADDRESS: DEARBORN SOCCER CLUB, P.O. BOX 741, DEARBORN, MI 48121. DEARBORN SOCCER CLUB WILL NOT ACCEPT ANY REGISTRATIONS WITHOUT A COPY OF THE PLAYER'S BIRTH CERTIFICATE. THIS INCLUDES BOTH NEW AND RETURNING PLAYERS. NO EXCEPTIONS WILL BE MADE!**

**Dearborn Soccer Club Hotline (313) 565-4433  
 www.dearbornsoccer.org**