Mail form and fee:
FDLSA
PO Box 1292
Fond du Lac, WI 54936-1292
web: www.fondysoccer.com

2010 RECREATION PLAYER REGISTRATION FORM U15 –U19 DIVISIONS

Drop off form and fee:
Recreation Dept Drop Box
85 Morningside Drive
Fond du Lac, WI 54935
web: www.fdlrecdept.com

PLAYER INFORMATION

☐ New Address ☐ New Player ☐ Returning Player

Last Name: _____ First Name: _____ M.I.: ____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Alt. Phone: _____ Birthdate: ____/____/_____ Gender: ☐M ☐F

UNIFORM SIZE –CHECK CORRECT SIZE

Shirt: ☐YS ☐YM ☐YL ☐S ☐M ☐L ☐XL ☐XXL

Shirts and socks are included for all divisions.

Shorts: ☐*YS* ☐*YM* ☐*YL* ☐*S* ☐*M* ☐*L* ☐*XL* ☐*XXL*

******** Shorts will be included for ALL players ********

REGISTRATION / MEMBERSHIP FEES

(Make checks payable to: **Fond du Lac Soccer Association)**

Divisions	Before May 15th	After May 15th
U15 - U19 Coed	$75.00	$100.00
Fundraiser Buyout	$25.00	$25.00
Totals	$100.00	$125.00

ROSTER INFORMATION

Are you on a roster? ☐ Yes ☐ No

If yes, what is the team captain's name? _____

_____

If you are not on a roster, FDLSA will place you on a team. Team captains must fill out and submit the separate FDLSA coed roster form. Season starts the beginning of June and ends July 15th. U15/19 coed division maximum roster size is 18.

Please be sure your child is certain he/she wants to play as there are no refunds.

PARENT/GUARDIAN INFORMATION

Father's Name: _____ Last Name *(if different)*:_____

Address *(if different)*: _____ City: _____ State: _____ Zip: _____

Phone: _____ Alt. Phone: _____Email *(must include)*: _____

Mother's Name: _____ Last Name *(if different)*:_____

Address *(if different)*: _____ City: _____ State: _____ Zip: _____

Phone: _____ Alt. Phone: _____Email *(must include)*: _____

LIABILITY RELEASE AND CONSENT FOR MEDICAL TREATMENT

--MUST BE SIGNED BEFORE THE PLAYER CAN PARTICIPATE--

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the FDLSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the FDLSA accepting the registrant for its soccer programs and activities ("Programs"), I hereby release, discharge and/or otherwise indemnify the FDLSA, it's affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Program against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical 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.

Name: _____Signature: _____ Date: ___/___/_____

AGE ELIGIBILITY CHART

DIVISION	GAME NIGHT	BIRTHDAY GUIDELINES
U15-19 Coed	Tuesday / Thursday	8/1/1990 thru 7/31/1995
All games start at 5:30 pm and 6:45 pm		

SPONSOR A TEAM

☐ Would like to sponsor a team $150.00

If interested in sponsoring a team, please complete separate FDLSA sponsor form.

OFFICIAL USE ONLY

Fee: $ _____

Fundraiser: $ _____

Misc: $ _____

TOTAL: $ _____

Rec'd by: _____

Date: _____/_____/_____

☐ Csh/Ch #: _____

☐ Scholarship