



# Delray Beach Athletic Club



Register online at  
[www.DelrayAC.com](http://www.DelrayAC.com)

## 2010-2011 Developmental/Recreational Soccer Program

### PLAYER REGISTRATION FORM

PLAYER'S AGE AS OF JULY 31, 2010 \_\_\_\_\_

**Player Information:** First name \_\_\_\_\_ M.I. \_\_\_\_\_ Last name \_\_\_\_\_

Gender: M \_\_\_\_\_ F \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

School Attending: \_\_\_\_\_

#### Parent Information

**Father:** Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

**Mother:** Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

**REGISTRATION FEES:** \$115 first player / \$105 for each additional player

Fee Paid: \$ \_\_\_\_\_ Method: Cash \_\_\_\_\_ Check # \_\_\_\_\_  
(Checks payable to **Delray Beach Soccer Club**)

**Volunteer Information:** (Check all that apply – Thank you for your support!)

\_\_\_\_\_ Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Team Manager (Parent)  
\_\_\_\_\_ Committee Member \_\_\_\_\_ Referee \_\_\_\_\_ Team Sponsor

#### Insurance Information:

Please provide name of carrier (if applicable) \_\_\_\_\_

Policy Number \_\_\_\_\_

I have read and understood the conditions outlined in the DBSC Parent Code of Conduct and the DBSC Player Medical Release Form. \_\_\_\_\_