



High School Soccer Fall 2011

Office Use Only
Date Received _____
Pmt Type & Amt _____
Received by _____

Registration Fee—\$80 for all players

An additional PARTICIPATION FEE (\$150) is also required after a player makes a Varsity or JV roster.

The participation fee is to be paid after team selection—not at time of registration.

Attention O’Gorman players: OGH PARTICIPATION FEES are NOT paid to Dakota Alliance Soccer, only the \$80.

Birth Certificate is required with registration for any player who is new to DASC or has not yet provided a copy of their BC to DASC.

<p>You must attend your High School tryouts to be eligible for these teams. Check the website at: <u>www.dakotaalliancesoccer.com</u> for more information on dates, times and locations of these tryouts. Deadline for guaranteed placement is July 25, 2011 <u>No refunds after August 1, 2011</u></p>	<p>Mail or drop off completed forms to: DASC, 401 W. 39th Street, Sioux Falls, SD 57105 or fax to 332-0278 with CC# _____ exp date _____ or register on-line at <u>www.dakotaalliancesoccer.com</u></p>
<p>Players not assigned to a High School roster after tryouts will be assigned to a U19 Recreational League team.</p>	<p>Physicals are required for all players This must be completed and turned into the high school with all necessary forms before the first tryout date.</p>

FOR HIGH SCHOOL VARSITY AND JUNIOR VARSITY ONLY

Player Information

Last Name	First Name	Gender (M/F)	Date of Birth	Age as of 7/31/2011	School player attends during Fall 2011	Registration Fee
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Sponsor one player (\$50-\$65) or contribute to help players who cannot afford the full registration fee

Total enclosed _____

Father's Information Custodial Parent

Last Name _____

First Name _____

Address _____

City, State, Zip _____

Home Phone _____

Work Phone _____ Cell: _____

Employer _____

Email _____

Mother's Information Custodial Parent

Last Name _____

First Name _____

Address _____

City, State, Zip _____

Home Phone _____

Work Phone _____ Cell: _____

Employer _____

Email _____

Programs available thru Dakota Alliance Soccer Club: Recreational Soccer, Soccer-Nastics, Joga, Juniors, Competitive teams and Camps

For more information log onto:

www.dakotaalliancesoccer.com

Additional Fall registration information on the back side of this registration. Please read and complete.

High School Physicals & Information Packets

Physicals are required for all players who are trying out for the Varsity or JV teams at their school. The physical must be dated after April 1st, 2011 and turned into the high school with all other necessary forms before the first tryout date. Check with your high school office for information on any additional forms required by them.

- Tryouts and practices will begin the week of August 8th
- Tryout places and times will be posted on www.dakotaalliancesoccer.com
- Players must be full-time students at the school in order to play for that school, unless a cooperative agreement exists between two schools or as specified in the South Dakota High School Soccer Handbook
- State High School Tournament will be in Mitchell, October 6th - 8th, 2011
- ALL PLAYERS attending Harrisburg, Lincoln, O’Gorman, Roosevelt, Washington and West Central must be registered with Dakota Alliance Soccer Club prior to participating in any tryout or practice

Important—Please read the following and sign below:

I, the parent/legal guardian of the named registrant(s), a minor(s), agree that I will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration of the USYSA acting as the registrant(s) for its soccer programs and activities (the “Programs”), I hereby release, discharge, and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including owners of the fields and facilities utilized for the programs, against any claim by or on behalf of the registrant(s) as a result of the registrant(s) participation in the programs and/or being transported to or from the same. In addition, as a parent or legal guardian of the named registrant(s), I hereby give my consent for emergency medical care prescribed by a licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life or well being of my dependant.

By signing this form, I agree and consent that both SDSSA and its member associations have my permission to use any image, photograph, video clip, or other similar image, in any media format, of either myself or my child, provided (1) the image is taken while I am, (or my child is) a player or participant in one of the various activities, events, and competitions sponsored by SDSSA or its member associations or as otherwise allowed by law, and (2) the image is used for one or more of the following purposes: media coverage of soccer activities, SDSSA Website use, SDSSA promotional materials, program books, video presentations and for similar purposes related to the activities of SDSSA or its member associations. I further release both SDSSA and its member associations from any liability for any adverse results which may result from the use of the above named photograph(s) or media images in the manner described. To opt out check here _____.

I do agree that any email address I provide may be used by the Local and State Soccer Association, US Youth Soccer and any of their assigns to provide me with information about their programs and sponsors. To opt out check here _____.

I certify that everything on this application is correct, to the best of my knowledge.

X _____