

# Player Information Form

## Dillsburg Area Soccer Club

A Nonprofit Organization Run by Volunteers



### Player Information:

ONLINE REGISTRATION NOW AVAILABLE

Player Name <small>(as it appears on birth certificate)</small>	<table border="1"> <tr><td colspan="4">FOR OFFICE</td></tr> <tr><td>DATE</td><td></td><td></td><td></td></tr> <tr><td>AMOUNT</td><td></td><td></td><td></td></tr> <tr><td>SEASON</td><td></td><td></td><td></td></tr> <tr><td>REGISTRAR</td><td></td><td></td><td></td></tr> <tr><td>PAYMENT</td><td>CASH</td><td>CHECK</td><td>CHARGE</td></tr> <tr><td>TREASURER</td><td></td><td></td><td></td></tr> </table>	FOR OFFICE				DATE				AMOUNT				SEASON				REGISTRAR				PAYMENT	CASH	CHECK	CHARGE	TREASURER			
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TREASURER																													
Player Email																													
Are you a new DASC player? <input type="radio"/> Yes <input type="radio"/> No																													
Date of Birth <small>(mm/dd/yyyy)</small>	<input type="radio"/> Boy <input type="radio"/> Girl																												
School Name	Grade																												
Program: <input type="radio"/> U6/U8 Recreational	Jersey Size? <input type="radio"/> YS <input type="radio"/> YM <input type="radio"/> YL <input type="radio"/> YXL																												
<input type="radio"/> U9 & above Recreational	Tshirt Size? <input type="radio"/> YS <input type="radio"/> YM <input type="radio"/> YL <input type="radio"/> AS <input type="radio"/> AM <input type="radio"/> AL																												
<input type="radio"/> U9 & above Travel																													

### Parent/Guardian Information:

<b>1</b> Your Name	
Address	
Email	
Phone	<input type="radio"/> ok to text?
<b>2</b> Parent/Guardian	
Address (if different then above)	
Email	
Phone	<input type="radio"/> ok to text?

### Additional Items Required for Travel Players Only:

<input type="radio"/> 1x1 Headshot Photo (U9 & above Travel only)	
<input type="radio"/> Proof of Age (copy of official Birth Certificate or Passport if new Travel registration only)	

Attach Photo Here

(or email photo to  
DASC Registrar)

### Sign-up to Volunteer

DASC Shootout Tournament	<input type="radio"/> Fields (lining, setup) <input type="radio"/> Tshirts <input type="radio"/> Registration
DASC Team Assistance	<input type="radio"/> Head Coach <input type="radio"/> Assistant Coach <input type="radio"/> Team Parent <input type="radio"/> Fields (lining, nets, setup, teardown)
Other? (You tell us!)	

## **DASC Waivers**

**Updated 8-2-19**

### ***\*Please read & initial by each of the waivers***

#### **\_\_\_\_\_ (initial) Parents'/Guardians' Code of Conduct**

As the parent or guardian of a DASC soccer player, I pledge to adhere to the following:

- 1) I will not force my child unwillingly to participate.
- 2) I will acclimate myself to the rules of the game.
- 3) I will teach, as well as demonstrate good sportsmanship.
- 4) I will treat all coaches, players, parents, referees and spectators with dignity and respect and will avoid, at all cost, any verbal or physical abuse of these people during games and/or practices.
- 5) I will be supportive, I will cheer positively for my child and his/her team.
- 6) In public, I will support all coaches' decisions regarding my child and his/her teammates during a game or practice. Any concerns I have will be addressed with the coach only. I will let the coach, coach.
- 7) I will stress to my child that winning is only important if you can accept losing, as both are an important part of the game.
- 8) I recognize winning is not everything; that the pleasure of athletic participation and development of ALL players on the team is of equal importance.
- 9) I will refrain from coaching or refereeing from the sidelines of a practice, scrimmage or game. I will direct any concerns that may arise with the coach privately afterwards.
- 10) I will have my child to all scrimmages, practices, and/or games on time. I will let the coach know in advance if my child cannot make a practice, scrimmage or game.
- 11) I will remember that the game is for the players and not the adults.
- 12) I will abide by the by-laws, standing rules and regulations as set forth by DASC and CPYSL.

#### **\_\_\_\_\_ (initial) Players' Code of Conduct**

- 1) I will play hard, but I will play within the rules of the game.
- 2) I will acclimate myself to the rules of the game.
- 3) I will play and practice with enthusiasm and dedication.
- 4) I will treat all coaches, players, parents, referees and spectators with dignity and respect and will avoid, at all cost, any verbal or physical abuse of these people during games and/or practices. I will accept coaches and/or officials decisions without argument.
- 5) I will always display good sportsmanship.
- 6) I will win with grace and lose with dignity.
- 7) I will remember that winning is only important if I can accept losing, because both are important parts of the game.
- 8) I will accept all consequences for any wrong decisions that I make at either practice or during a game.



- 9) I will play to win; I will never give up; I will play my hardest until the final whistle.
- 10) I will abide by the by-laws, standing rules and regulations as set forth by DASC and CPYSL.
- 11) I will not consume any alcohol, illegal drugs or tobacco products.

\_\_\_\_\_ *(initial)* **DASC Zero Tolerance Policy**

Representing the Dillsburg Area Soccer Club (DASC), we the Officers have decided to create a means for dealing with unruliness in our club. Our intention is a violence and obscenity-free atmosphere that can be enjoyed by parents, family members, coaches, referees, and children alike. To that end, we have enacted the following zero tolerance policy:

Unacceptable conduct:

- -Obscene or abusive language spoken loud enough for others to hear, whether directed at game officials, coaches, players or spectators.
- -Abusive actions or language directed at referees.
- -Fighting or threats of violence toward anyone.
- -Unwillingness to abide by club policies and rules and league rules.

Consequences of exhibiting above conduct:

Any person exhibiting the above behaviors will be asked to leave the fields for the balance of the game, the first time a violation is noted. An incident report will be filed with the club and league and kept on file.

If a second offense is noted, the violator will be required to leave the field on a permanent basis. That person will not be permitted back onto the fields for the rest of the season. If the violator refuses to leave the fields, the affected soccer match will either be suspended or forfeited. If there is still a problem, local law officials will be called.

An offense at the end of the season will carry consequences to the next season in which the person is active in the club. Anyone who is removed for the season after their second violation must appear before the Officers for reinstatement.

Questionable conduct may be reported by anyone to a coach, referee, club official or league official. Repeat offenders may be denied access to future DASC activities. Authority for removal from the fields will be a joint decision between the coaches, head official and club official.

DASC attempts to foster good sportsmanship and provide an atmosphere conducive to learning and enjoying the sport of soccer for our Dillsburg youth. The above policy is an attempt to enforce that atmosphere.

This policy is enforceable at any facility where a club team is participating in an event.

By signing this document you are taking full responsibility for your family members and guests who accompany you to any DASC soccer event (practices, games, tournaments, awards ceremonies, etc.).

\_\_\_\_\_ *(initial)* **DASC Concussion Policy**

The Dillsburg Area Soccer Club (DASC), as an affiliate member of the Eastern Pennsylvania Youth Soccer Association, has adopted a concussion policy as part of its obligation to provide a safe playing environment for its players.

A fact sheet, developed by the Center for Disease Control (CDC), for parents and players with information regarding concussions can be found at [www.cdc.gov/concussion/HeadsUp/youth.htm](http://www.cdc.gov/concussion/HeadsUp/youth.htm). Please take time to visit the site to become educated about the signs of concussions and the risks associated with them.

To read the complete DASC Concussion Policy please visit [www.dascoccer.org](http://www.dascoccer.org).

\_\_\_\_\_ *(initial)* **EPYSA Release Statement**

NOTE: This statement MUST be signed by Parent/Guardian for Minor Player; an Adult Player for him/herself; Coach for him/herself; and Administrator for him/herself.

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

\_\_\_\_\_ *(initial)* **Medical Release**

Recognizing the possibility of physical injury associated with soccer and in consideration for the USSF/USYS/EPYSA Youth Soccer and its affiliates accepting the registrant for its soccer programs and activities (the Programs), I hereby release, discharge and/or otherwise indemnify the USSF/USYS/EPYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owner of the fields and facilities utilized for the Programs 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.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

\_\_\_\_\_ *(initial)* **DASC Photo Release**

I understand that DASC Representatives may take photos of players during practices, games, camps and/or other club activities. I also understand that these photos may be posted to social media or published to the DASC website or the Dillsburg Banner. I understand that names of players will NOT be included on social media or website posts.