



DAKOTA ALLIANCE SOCCER CLUB

401 West 39th Street • Sioux Falls, South Dakota 57105

Telephone: 605.332.5911 • Fax: 605.332.0278

www.dakotaalliancesoccer.com

TRYOUT REGISTRATION FORM

Player's Name _____ Date of birth _____

Parents/Guardians _____ Player's Gender M F

Address _____ Home Phone _____

City _____ State _____ Zip _____

Email address _____

Father's Employer _____ Occupation _____

Father's work # _____ Father's Cell # _____

Mother's Employer _____ Occupation _____

Mother's Work # _____ Mother's Cell # _____

Mother's Birth Date _____ (For player ID purposes only)

Current Team _____

Presently registered with South Dakota State Soccer Association YES ___ NO ___

IF NOT REGISTERED WITH SDSSA A \$15.00 REGISTRATION FEE APPLIES AT THE TIME OF THE TRYOUT.

RELEASE OF LIABILITY

I recognize and acknowledge that soccer is a physical, contact sport and that these programs, activities, games and training elements could potentially result in severe injuries. I hereby voluntarily accept all risks of loss, damage or injury associated with me or my child's participation in classes, competitions and other programs executed by the DASC staff. I further attest that to the best of my knowledge and belief that my child is sufficiently physically fit to participate in the activities of this nature and have no physical or mental impairment, disease, disorder or other conditions that would make participation in these activities dangerous to him or her.

I hereby waive and forever release DASC's coaching staff, volunteers, Avera Sports Institute, the City of Sioux Falls and the City of Harrisburg from any claims for damages due to personal injury that may happen while arriving, participating or leaving these soccer programs, activities, games and training.

Parent or Guardian Signature: _____

Parent or Guardian Printed Name: _____