



SOCCER APPLICATION

Recreational Plus Spring 2012

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

Registration Fees: Ages 7 (as of 7/31/11) \$140 for 7—1 1/4 hour training sessions Ages 11 (as of 7/31/11) \$140 for 7—1 1/4 hour training sessions Ages 12 thru 18 (as of 7/31/11) \$150 for 7 1 1/2 hour sessions Deadline for guaranteed placement—March 21, 2012	For more information on this program, please refer to the back of this application. Any further questions can be directed to the Director of Recreational Soccer—Frank Gurnick at 521-8417
DASC is eligible for a limited number of United Way Connecting Kids Certificates for use by families <u>presenting documentation of free/reduced school lunches</u> . UW Certificates can be used once in a calendar year and will only cover \$70 or registration fee. The participant will have to pay any remaining fees.	Mail or drop off completed forms to: Dakota Alliance Soccer Club 401 West 39th Street Sioux Falls, SD 57105 or Fax to 332-0278
Refund Policy: \$100 of initial fee non-refundable No refunds after March 21, 2012.	CC# _____ exp date _____

Player's Information

	Last Name	First Name	Gender (M/F)	Date of Birth	Age as of 7/31/2011	School player attends during Spring 2012	Total Registration Fee
1	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____

Sponsor one player (\$60-\$80) or contribute to help players who cannot afford the full registration fee

Elementary School nearest (geographically) the player(s) _____

Total Enclosed _____

Father's Information

Custodial Parent

Last Name _____

First Name _____

Address _____

City, State, Zip _____

Home Phone _____

Work Phone _____ Cell _____

Employer _____

E-mail (print clearly) _____

Mother's Information

Custodial Parent

Last Name _____

First Name _____

Address _____

City, State, Zip _____

Home Phone _____

Work Phone _____ Cell _____

Employer _____

E-mail (print clearly) _____

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

The Recreational PLUS Program is a program created and designed for the recreational player who desires more from their recreational experience. It is a compliment to the team and league play. It is not designed to be a replacement to the recreational experience. It is an advanced training program for players in the U8 & U12 thru U19 age groups. Because it will emphasize more challenging activities appropriate for players having already developed a strong basic skills foundation, players will be required to demonstrate readiness to participate in the program. Readiness will be assessed by the DASC professional coaching staff in various ways, through feedback from recreational coaches and direct opportunities for professional coaches to see players' current skills. The strong basic skills prerequisite will be followed to ensure that players are ready to participate in and benefit from Recreational PLUS Program activities and will not feel frustrated that activities are too far beyond their current abilities. Players may enter the Recreational Plus Program at any time at which their skills have developed enough to benefit from participation and after having been evaluated by the Recreational PLUS Program Staff.

Details of the program:

- 7 training sessions with Professional PLUS Staff
- Dates/Times: U8 & U12—Mondays 5:30—6:45PM—April 2, 9, 16, 23, 30, May 7 & 14. Make up dates—May 21 & 28.
- Dates/Times: U14 thru U19—Thursdays 6:30—8PM—April 5, 12, 19, 26, May 3, 10, 17. Make up dates—May 24 & 31.
- Developmentally appropriate curriculum at each age level.
- Player to coach ration of 18 to 1 or better
- Practice with peers having strong basic skills
- Emphasizes fun, love of soccer and camaraderie among peers
- Minimal fee for participation required

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_____

Programs available thru DASC: Recreational Soccer, Recreational PLUS, Competitive teams, XTRA KIXX and Camps/Clinics
For more information log onto:

www.dakotaalliancesoccer.com

