



DAYAA Derry Soccer Registration

Youth Soccer ages 4-17

Practices/games:

Tuesday & Thursday 6:00 PM Saturdays 10:00AM or 11:30AM

*Times and dates subject to change based on participants

1st Parent Name _____ Gender _____ DOB _____ Shirt Size _____

2nd Parent Name _____ Gender _____ DOB _____ Shirt Size _____

Address _____ City _____ Zip _____

Home Phone _____ 1st Cell Phone _____ 2nd Cell Phone _____

1st Parent Email _____

2nd Parent Email _____

I am willing to help with volunteering in the following way(s): (Must check at least one)

*Coach _____ *Asst. Coach _____ Team Parent _____ Workday _____ Field Striping _____ Concessions _____

*Requires Clearances

One Player \$70 Two Players \$110 \$25 for each additional Player

Player Name	Gender	Birth date	Shirt*	Sock**
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

*Please indicate Adult (A) or Youth (Y) size for shirt

*Shirt Sizes (YXS and AXXXL not available in some styles)

Youth	XS	S	M	L				
Adult		S	M	L	XL	XXL	XXXL	

**Sock Size

(Equivalent Shoe Sizes)

Large	9 - 13+
Medium	6 - 8
Small	1 - 5
Extra Small	7 - 14

Additional Players may be listed on the back.

Copy of birth certificate is required for all NEW players

Liability/Release Waiver

I permit my son/daughter to participate in Derry Soccer. I understand that it is my responsibility to provide transportation to and from practices and games. I will volunteer for coaching, team parent, concessions, field preparation, or any other service not mentioned or I will forfeit my \$50 volunteer check. I hold harmless DAYAA Derry Soccer, its Board members and Officers, Mrs. Gregory H. Paskovitch, and any agent working or volunteering for DAYAA Derry Soccer in any foreseen or unforeseen acts. I permit DAYAA Derry Soccer to use any pictures taken during the season of my child on their website for advertising purposes. I understand that I must participate in fundraisers. Any refunds after jerseys have been ordered will be subject to a \$20.00 processing fee per jersey. Smoking on the field is prohibited.

Parent/Guardian Signature X _____ Date _____

Registration Fee \$ _____ Check # _____ \$50 Volunteer Check# _____

Please mail form along with Registration Fee, **separate** \$50 volunteer check, and **COPY** of birth certificate(s) (if needed) to:

**DAYAA Derry Soccer
PO Box 272
New Derry, PA 15671**