



DAYAA Derry Soccer Registration
Youth Soccer ages 4-17
(Age on April 1 for Spring and August 1 for Fall)

Practices/games:

Tuesday & Thursday 6-7PM Saturdays 10-11AM or 11:30AM - 12:30PM

Family Name _____ Parent/Guardian First Name _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Text Yes _____ No _____

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 _____ Board _____

*Coach, Asst. Coach and Team Parent please provide shirt size for uniform _____ (These positions limited by need and may not be available)

Player	One Player \$65	Two Players \$100	\$20 for each additional Player		
	Age	Birthdate	Shirt*	Sock	
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

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

Shirt Sizes

	XS	S	M	L	XL	XXL
Men (A)		38"/40"	42"/44"	46"/48"	48"/50"	52"/54"
Women (A)		6/8	10/12	14/16	18/20	22/24
Youth (Y)		4/5	6/8	10/12	14/16	

Sock Size

Adult
Junior
Youth

Shoe Sizes

8 - 12 1/2
4 1/2 - 7 1/2
12 1/2 - 4

Additional Players may be listed on the back.

Copy of birth certificate is required for all **NEW players Deadline for mail in Registration is **April 1 for Spring, August 1 for Fall****

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, referee, team parent, concessions, field preparation, or any other service not mentioned or I will forfeit my 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 or pay the opt-out fee of \$30.00. 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 _____

Fundraiser Option (check one) _____ I will participate in the fundraiser. _____ I will opt out. A separate check of \$30 is included. **Initials** X _____

Registration Fee \$ _____ Check # _____ Fundraiser Opt Out Fee Check # _____ Volunteer Check# _____

Please mail form along with **payment, separate \$50 volunteer check**, and a **COPY** of birth certificate (if needed) to:
 DAYAA Derry Soccer
 PO Box 272
 New Derry, PA 15671

For more information visit us on the web at www.derrysoccer-pa.com or like us on Facebook: **Derry Soccer