



Player Registration



PLEASE PRINT

Section I:

Player Information

Date _____

First Name: _____ Middle Initial: _____ Last Name: _____

Birth Date: _____ Grade: _____

Gender: ☐ Male ☐ Female

Player Profile

School: _____ Years' Experience: _____

Name of *Sibling* to play with: _____ (NOT guaranteed)

Section II

Parent/Guardian Information

First & Last Name: _____

Address: _____ City/State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____ E-mail: _____

Parent/Guardian Information

First & Last Name: _____

Address: _____ City/State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____ E-mail: _____

Section III:

Medical Information

Emergency Contact: _____ Phone: _____
(besides parent/guardian)

Existing Medical Conditions: _____

I, the undersigned parent/guardian of _____ hereby agree that the City of David City and the Butler County Soccer Association, Volunteer Coaches, Referees, Assistants, or Field Crew shall NOT be liable for the injury or death of any participant in the David City Recreation Soccer Program, which results from the actions of the above listed parties.

Signature: _____ Date: _____

**Questions, Please Contact: William Reiter, Recreation Coordinator, at 402-764-0629 or mail/drop off form at
P.O. Box 95, David City, NE 68632**