



Mail form and fee:  
 FDLA  
 PO Box 1292  
 Fond du Lac, WI 54936-1292  
 web: [www.fondysoccer.com](http://www.fondysoccer.com)

2010 RECREATION PLAYER  
 REGISTRATION FORM  
 U5 -U14 DIVISIONS

Drop off form and fee:  
 Recreation Dept Drop Box  
 85 Morningside Drive  
 Fond du Lac, WI 54935  
 web: [www.fdlrecdept.com](http://www.fdlrecdept.com)



PLAYER INFORMATION	<input type="checkbox"/> New Address <span style="margin-left: 300px;"><input type="checkbox"/> New Player</span> <span style="margin-left: 100px;"><input type="checkbox"/> Returning Player</span>		
	Last Name: _____ First Name: _____ M.I.: _____		
	Address: _____ City: _____ State: _____ Zip: _____		
	Phone: _____ Alt. Phone: _____ Birthdate: ____/____/____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F		
	<b>UNIFORM SIZE -CHECK CORRECT SIZE</b>		
Shirt: <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <i>Shirts and socks are included for all divisions.</i> Shorts: <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <i>***** Shorts will be included for ALL players *****</i>			
<b>REGISTRATION / MEMBERSHIP FEES</b> (Make checks payable to: <b>Fond du Lac Soccer Association</b> )			
Divisions	Before Feb 28 <sup>th</sup>	After Mar 1 <sup>st</sup>	
U5 - U14 Fees	\$75.00	\$100.00	
Fundraiser Buyout (Optional)	\$25.00	\$25.00	
<b>Totals</b>	<b>\$100.00</b>	<b>\$125.00</b>	
<b>INDICATE NEAREST PUBLIC ELEMENTARY SCHOOL</b>			
<input type="checkbox"/> Chegwin <input type="checkbox"/> Parkside/NFDL <input type="checkbox"/> Waters <input type="checkbox"/> Rosenow <input type="checkbox"/> Pier <input type="checkbox"/> Lakeshore <input type="checkbox"/> Riverside <input type="checkbox"/> Roberts <input type="checkbox"/> Evans			
Every effort will be made for registrations received by February 28 <sup>th</sup> to be placed on a team within their requested school. Registrations received after that date will be placed on teams as needed. FDLA does not accept team placement requests. FDLA policy is to place siblings on the same team. Coaches are given rosters in mid-April and will contact players. Season starts May 10 <sup>th</sup> and ends July 15 <sup>th</sup> .			
<i>Please be sure your child is certain he/she wants to play as there are <b>no refunds</b>.</i>			

PARENT/GUARDIAN INFORMATION	Father's Name: _____ Last Name (if different): _____		
	Address (if different): _____ City: _____ State: _____ Zip: _____		
	Phone: _____ Alt. Phone: _____ Email (must include): _____		
	Mother's Name: _____ Last Name (if different): _____		
	Address (if different): _____ City: _____ State: _____ Zip: _____		
	Phone: _____ Alt. Phone: _____ Email (must include): _____		

<b>LIABILITY RELEASE AND CONSENT FOR MEDICAL TREATMENT</b>		
<b>--MUST BE SIGNED BEFORE THE PLAYER CAN PARTICIPATE--</b>		
I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the FDLA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the FDLA accepting the registrant for its soccer programs and activities ("Programs"), I hereby release, discharge and/or otherwise indemnify the FDLA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Program against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.		
As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well-being of my dependent.		
Name: _____ Signature: _____ Date: ____/____/____		

AGE ELIGIBILITY CHART			
DIVISION	GAME NIGHT	BIRTHDAY GUIDELINES	
U5 Coed	Wednesday	8/1/2004 thru 7/31/2005	
U6 Coed	Monday	8/1/2003 thru 7/31/2004	
U8 Boys	Thursday	8/1/2001 thru 7/31/2003	
U8 Girls	Tuesday	8/1/2001 thru 7/31/2003	
U10 Boys	Wednesday	8/1/1999 thru 7/31/2001	
U10 Girls	Tuesday	8/1/1999 thru 7/31/2001	
U12 Boys	Monday	8/1/1997 thru 7/31/1999	
U12 Girls	Monday	8/1/1997 thru 7/31/1999	
U14 Boys	Thursday	8/1/1995 thru 7/31/1997	
U14 Girls	Tuesday	8/1/1995 thru 7/31/1997	
All games start at 5:30 pm and 6:45 pm			

<b>SPONSOR A TEAM</b>
<input type="checkbox"/> Would like to sponsor a team \$150.00 If interested in sponsoring a team, please complete separate FDLA sponsor form.

<b>VOLUNTEER OPPORTUNITIES</b>
Interested in: <input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant Coach Name: _____ Asst With: _____ <i>*Coaches do not have to participate in Fundraiser</i>

<b>OFFICIAL USE ONLY</b>
Fee: \$ _____ Fndrs: \$ _____ Misc: \$ _____ TOTAL: \$ _____ Rec'd by: _____ Date: ____/____/____ <input type="checkbox"/> Csh/Ch #: _____ <input type="checkbox"/> Scholarship