

**HOTCHKISS YOUTH SOCCER
DELTA COUNTY YOUTH SOCCER ASSOCIATION**

P.O. Box 2093  Hotchkiss, Colorado 81419

PLEASE PRINT and PRESS FIRMLY (Form accepted only if legible)

PLAYER INFORMATION

Player's First Name : _____ Middle Initial: ____ Last Name: _____

Returning DCYSA Player? (YES NO) Phone: _____ D.O.B: __/__/__ (MALE FEMALE)

Mailing Address: _____ City: _____ Zip: _____ Grade: _____

Medical Conditions and Allergies: _____ # Seasons Played: _____

Emergency Contact: _____ Phone: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 First Name: _____ Last Name: _____

Phone #: _____ Email: _____

Parent/Guardian #2 First Name: _____ Last Name: _____

Phone #: _____ Email: _____

<input type="checkbox"/> Fall Season Fee \$50 \$ _____ Deadline 6/25 <input type="checkbox"/> Spring Season Fee \$40 \$ _____ Deadline 2/10 <p align="center">Make Checks Payable to NFPPRD</p>	<p><i>For Official Use Only</i></p> Check # _____ Division _____ Team _____ Postmark _____
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VOLUNTEER DUTIES: Parents/Guardians must fill a volunteer role for each family who is registered. This duty is not to be confused with individual team duties. You must select a first and second choice below:

<p>FIRST CHOICE _____</p> <p>SECOND CHOICE _____</p>	<ol style="list-style-type: none"> 1. Coach 2. Assistant Coach (max 2/team) 3. Linesman (U8 team and older) 4. Referee 	<ol style="list-style-type: none"> 5. Concessions, field marking/painting, set-up/tear-down goals 6. Fundraising, grants 7. Already signed up on another child's form: (Child's name: _____)
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WAIVER: I, the parent/guardian of the above registered player, give my permission for my child to participate in any and all soccer activities and agree that I and the registrant will abide by the rules of DCYSA. I acknowledge and understand that certain risks of injury (including, but not limited to, concussions, other serious bodily injury or death) are inherent in playing soccer. These types of injuries may result from the player's actions, the actions or inactions of others, or a combination of both. To the maximum extent permitted by law, I hereby agree to release, waive, hold harmless and indemnify the North Fork Park, Pool & Recreation District, Delta County Youth Soccer, its agents, contractors and sponsors, and the employees, volunteers, and associated personnel of these organizations, against any claim by or on behalf of the player named above as a result of the player's participation in Delta County Youth Soccer programs. Pursuant to Section 15-14-105, C.R.S., I hereby give my consent, on my own behalf or on behalf of my child or guardian, as applicable, to have a coach, team manager, emergency medical technician, physician, nurse, dentist, or other healthcare professional and, in each case, their associated personnel provide the player identified above with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I hereby authorize emergency transportation of the player, at player or parent/guardian's expense, to a healthcare facility should an individual listed above consider it to be warranted. In signing below, I certify that I/my child is physically able to participate in Delta County Youth Soccer.

Parent or Guardian Signature: _____ Date: _____

white copy – coach canary copy – club pink copy – Parent/Guardian



Instructions

Please read this form carefully. Please print clearly and fill in entirely. Please review birth date chart and make sure the form includes your signature. All registrations and fees must be paid prior to players attending practice.

Birth certificates

A copy of player’s birth certificate is required to be attached to registration for new players not already on file.

Season	2023	2024	2025	2026
Birth Year				
2021				U6
2020			U6	U6
2019		U6	U6	U8
2018	U6	U6	U8	U8
2017	U6	U8	U8	U10
2016	U8	U8	U10	U10
2015	U8	U10	U10	U12
2014	U10	U10	U12	U12
2013	U10	U12	U12	
2012	U12	U12		
2011	U12			

Explanation of Delta County Youth Soccer Association SYSTEM

Interleague travel for teams begins at the U-12 level. This is not a mandatory requirement. Coaches and parents need to come to an agreement on whether they wish to interleague or not.

Code of Conduct

1. Comments that are negative in nature will not be directed toward any referee, opposing player or team members.
2. Complaints regarding DCYSA coaches/assistant coaches should be addressed directly with the individual involved. If resolution is not satisfactory, document your concerns in writing to the attention of DCYSA Coaches Committee.
3. Concerns regarding your child's team should be directly addressed with your child's coach/assistant coach at a proper time and place. Please do not discuss issues during games. If resolution is not satisfactory, document your concerns in writing to the attention of DCYSA Coaches Committee.
4. The highest standards of sportsmanship will be evident in all DCYSA functions. Any negative behaviors, which include but are not limited to spitting, derogatory comments directed at opposing players or throwing of objects, can result in a child's suspension from the next DCYSA event (game, tournament play, etc.).
5. Concerns regarding the DCYSA should be documented in writing and sent to DCYSA attention: Board of Directors.
6. Any breaches of the above standards of conduct can result in your child's suspension and the member’s removal from the DCYSA. Comments and behaviors of any member which contradict the mission statement, disrupt the functioning of a team or the DCYSA can result in suspension and or removal from the DCYSA, on the recommendation of the Coaches Committee and the Board of Directors.

PRACTICES

Practice times and locations are the responsibility of individual team coaches.

REFUND POLICY

It is the policy of the DCYSA to refund registration fees only if the participant moves out of Delta County or is unable to participate due to injury or illness as documented by a physician prior to the start of the season.