



2018-2019 Desert Elite Soccer Skill Evaluations Registration Form

*Please arrive 15 minutes before your session for check-in!!
All participants will receive a t-shirt which they will use for each session.*

Player Name: _____ Birthdate: _____ Gender: Male Female

Age group (please circle below)

Age Group:	Academy	U11: 2008	U15: 2004
	U8: 2011	U12: 2007	U16: 2003
	U9: 2010	U13: 2006	U17: 2002
	U10: 2009	U14: 2005	U18/U19: 2001-2000

If playing UP, preferred age group (U13 and above only): _____

Please print clearly

Parent Name(s): _____ Contact Number: _____

Email: _____ City & Zip: _____

Player Soccer Experience (years): _____

Club Prior Season (ie, Camden United SC): _____

Team Prior Season (ie, 03 Girls Smith): _____

Player Position Experience (circle all that apply): *Defense Midfield Forward Goalkeeper*

COST: One-time \$10 administration fee (Includes t-shirt)

Desert Elite will host its 8th annual tournament at the beginning of the season, the Desert Elite Cup! The success of our tournament is based on the efforts of many volunteers. Parents should know that by registering their child (children) to be a member of Desert Elite Soccer Club, they are acknowledging that membership carries an obligation to volunteer, as assigned, for the Desert Elite Cup. All parents will be required to volunteer at least 2 hours during the Club's tournament planning stages or during the tournament weekend.

Medical Release: *The signed parent/guardian having legal custody or control of the above named player realizes the possibility for injury and grants permission for any emergency treatment and hospital services that may be rendered under the general or specific direction of the above named physician or any hospital emergency department physician. I give DFAC permission to use my child's name and likeness for publicity and display of images on the DFAC website and other media.*

Parent Signature: _____ Date: _____

DFAC USE ONLY: Cash _____ Check# _____ CC _____ Checked in by _____