 

Office Use Only

Activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BCF\_\_\_\_\_\_\_\_\_\_\_\_

**FLAGLER COUNTY YOUTH SOCCER ASSOCIATION**

MEMBERSHIP APPLICATION AND WAIVER

Must attach: copy of Birth Certificate if new player

FCYSA is a non-profit corporation, dependent upon registration fees, donations, fundraising and volunteers which help to provide events/programs for the children of our community. Any and all information provided below is confidential for our records only.

**Participant Information**

**First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_**

**Sex\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_Height\_\_\_\_\_\_\_ School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/ Guardian**

**Mother\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_**

**Home # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 FCYSA reserves the right to remove any participant for violation of the Youth Code of Conduct

 Season refund policies located on website registration page

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_

PAYMENT TYPE: Cash:\_\_\_\_\_\_\_\_\_\_\_\_\_check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MO\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Paid \_\_\_\_\_\_\_\_\_\_\_ Type of payment: Cash\_\_\_\_\_\_\_\_\_\_ Check \_\_\_\_\_\_\_\_\_\_ Receipt# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Cert \_\_\_\_\_\_\_\_\_\_\_\_ Report Card \_\_\_\_\_\_\_\_\_\_\_\_\_ Youth COC \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent COC \_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information**

Physician Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pertinent information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pol #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization for Emergency Care:**

In case of accident or serious illness, I the undersigned legal parent or guardian of the above named player, (minor) hereby authorizes the program staff to act on my behalf in the capacity as activity supervision and make arrangements for medical treatment. I authorize each as well as the contact person indicated on the enrollment form (as emergency contact) to give consent for medical or dental examination and/or treatment in my absence.

**General Release of Liability and Disclaimer, assumption and waiver:**  In consideration of participation in soccer related events and activities **the undersigned agrees to the following:** I acknowledge and fully understand that each participant will be engaging in activities that may involve risk of serious injury; including permanent disability ,sprains, strains, fractures, broken bones, concussion, paralysis, death or other which may result from their actions, in actions or negligence, and of others, the rules of play, the condition of the premises or other circumstance. Additionally there may be risks not known to us or not reasonably foreseeable at this time. To the best of my knowledge, my daughter/son is physically fit to engage. I understand that the Flagler County Youth Soccer Association staff and their agents will exercise reasonable supervision while my daughter/son is participating. I hereby release, discharge and agree to hold harmless, to the fullest extent permitted by law, Flagler County (property provider) FCYSA, employees, volunteers and any and all agents from any and all liability regarding personal injury, illness or any loss of property which may result while exercising their duty of supervision, whether arising from negligence of releases or otherwise. I understand that this league program is administered by volunteers rather than paid professionals. I acknowledge and accept that this disclaimer as above is intended to be as broad and inclusive as permitted by the state in which we reside and agree that if any portion of this Disclaimer, Assumption of risk and Waiver is deemed invalid, the remainder will continue in full legal force and effect.

ACKNOWLEDGEMENT AND CONSENT: I, understand information stated above and willingly and voluntarily assume all such risks associated with or resulting from participation.

\*Only a legal guardian and / or parent may register and sign this form. By signing below, I acknowledge that I understand and agree to all above. In addition, I certify that I am the legal guardian and / or parent of this applicant.

Parents/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_