



# B2DEL Deltona YSC DYSC TRAVEL COMPETITIVE 20\_\_\_\_ - 20\_\_\_\_

**Player Information:**

Player's Last Name  First Name  M.I.   
 Street Address  City  State  Zip   
 Phone  Gender  Birth Date  Grade   
 Email Address

**Parent Contact Information:**

Home Phone  Mobile Phone   
 Home Phone  Mobile Phone

**Emergency Contact Information:**

Name  Home Phone  Bus. Phone   
 Name  Home Phone  Bus. Phone   
 Allergies   
 Other Medical Conditions   
 Physician  Home Phone  Bus. Phone   
 Medical/Hospital Insurance Company  Phone   
 Policy Holder's Name  Policy Number

**Player Medical Release**

I hereby grant permission for any and all medical attention to be administered to my child (listed below) in the event of accident, injury, sickness, etc. under the direction of any person(s) listed below, until such a time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below. I understand that FYSA recommends that players not register to a team whose age group exceeds the player's normal age.

**Insurance Notice:**

All injuries must be reported within 90 days of the date of injury. Benefits will be provided for eligible expenses not paid by other insurance health plans after the FYSA deductible has been satisfied.

**Informed Consent:**

I acknowledge that I am completely aware of the inherent risks associated with soccer, from minor injuries to paralysis or other serious, permanent injuries including death. I hereby waive, release, and discharge the state association (FYSA) and all of its affiliated organizations, including the owners of fields and facilities used for the programs, as well as their officers, directors, employees and agents (collectively, the "Released Parties"), from any and all liability and responsibility in the event that my child become injured in any way during his/her participation in soccer events or activities associated with the Released Parties. I further state that I take full responsibility for any injury that may occur as a result of his/her participation, and that I will not hold the Released Parties responsible for any aggravation of pre-existing injuries prior to, or during his/her participation in any soccer events or activities associated with the Released Parties. Knowing these risks, I give permission for my child to participate in soccer and further agree by all rules associated with DYSC/Florida Blue and all affiliated organizations.

**In case I cannot be reached, any of the following persons are designated to act on my behalf:**

Coach: \_\_\_\_\_ Asst. Coach: \_\_\_\_\_ Other: \_\_\_\_\_

A league representative where my child is playing.

Any tournament representative where my child is participating in a tournament.

Subscribed and affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Personally Known \_\_\_\_\_ Produced ID \_\_\_\_\_ Tye of ID Produced \_\_\_\_\_

Signature of Notary, Date Signed

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Print Name  Signature  Date