



Player Information

Coach \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Soccer Experience \_\_\_\_\_ Years Current School \_\_\_\_\_ Current Grade \_\_\_\_\_

Family Information

Mother's Name \_\_\_\_\_ Best Phone# \_\_\_\_\_

Father's Name \_\_\_\_\_ Best Phone# \_\_\_\_\_

Best E-mail address \_\_\_\_\_

I acknowledge that I am in receipt of the parents and players code of ethics. By signing this document, I am registering the player above for participation in the activities at the activities at the TNCYSL/FYSA league. All injuries must be reported within 90 days of the date of injury. Benefits will be provided for the eligible expenses not paid by other insurance health plans after the FYSA deductible has been satisfied.

I, hereby release,hold harmless and agree to indemnify, this league, FYSA, USYSA, their affiliated organizations,and all persons, officers, coaches, and officials, including the owners of fields/facilities used for the program from any and all liability of every nature, kind and description as a result of any injuries or liability sustained by the registrant as a result of his/her participation in this soccer program and/or transportation to or from. I, undersigned, verify this registration is accurate and complete

Signatures

Player \_\_\_\_\_ Date \_\_\_\_\_ Parent \_\_\_\_\_ Date \_\_\_\_\_

Cash \_\_\_\_\_ Check# \_\_\_\_\_

Circle Correct Size

Shirt size (youth) SM MED LRG (Adult) SM MED LRG XLRG Short size (youth) SM MED LRG (Adult) SM MED LRG XLRG Socks Y/A

YOUTH SPORTS PARTICIPATION MEDICAL RELEASE FORM

Department of Parks and Recreation

Hillsborough County, Florida

PART I

Parents – Please read carefully and sign either Part I or Part II.

The undersigned, as parent or legal guardian of (print name of child) \_\_\_\_\_ hereby consents to the following in the event (print name of child) \_\_\_\_\_ is injured during his or her participation in youth sports:

Agents or officials of the youth organization in which (print name of child) \_\_\_\_\_ participates may administer first aid or arrange for transportation to a medical facility if the agent or official deems there to be an emergency. At that time, medical treatment may be given to (print name of child) \_\_\_\_\_ including but not limited to anesthesia and emergency surgical treatments as deemed necessary by a qualified physician at the medical facility. This document shall remain in force for this purpose for the following time periods of August 1, 2008 to August 31,2009.

No action shall be taken until an attempt is made to contact me at the phone number(s) listed below.

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent or Guardian Name (please print) \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me on this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification and who (did) or (did not) take an oath.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Notary Public

PART II

The undersigned, as parent or legal guardian of (print name of child) \_\_\_\_\_, I do not desire to sign the medical and release form above.

Parent or Guardian Name (please print) \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

PLEASE NOTE: If Part I is not signed, the child will not be allowed to participate