



## Player Registration, Consents, and Medical Release

Player Name \_\_\_\_\_  
First Name Middle Name/Initial Last Name

Parent/Guardian Names: \_\_\_\_\_  
Name/Relationship Name/Relationship

Email \_\_\_\_\_  
Player Email Parent/Guardian Email Parent/Guardian Email

Phone \_\_\_\_\_  
Player (text? Y/N) Parent/Guardian (text? Y/N) Parent/Guardian (text? Y/N)

Address \_\_\_\_\_  
Street City Zip

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade in School \_\_\_\_\_ Country of Birth \_\_\_\_\_

**PHOTOGRAPHIC CONSENT:** I hereby consent to and authorize the use and reproduction by AC DELRAY, or anyone authorized by AC DELRAY, of any and all photographs/videos that have been taken of me and/or my child for any purpose, without compensation to me. AC DELRAY reserves the right to use these photographs/videos in any of its print or electronic publications.

\_\_\_\_\_  
Initials

**INFORMED CONSENT AND RELEASE:** My/our child wishes to participate in soccer during the season of this registration. I, the parent/guardian of the registrant, therefore agree that we shall abide by the requirements set forth in AC Delray's Competitive Player Handbook, as well as the rules of AC DELRAY, the state association (FYSA), and all its affiliated organizations. I as parent/guardian understand and acknowledge that my child will be engaging in athletic and related activities which may be dangerous and which may result in physical injury to my child. I understand and acknowledge that injuries sustained by my child may be serious in nature and may result in medical or surgical treatment. I am fully aware of the risks associated with these activities. With that knowledge, I hereby allow my child to participate in all such athletic and related activities and voluntarily assume said risks.

I further hereby release and agree to indemnify and hold harmless **AC DELRAY**, to include its officers, directors, coaches, volunteers, employees, and agents, from any and all liability for all losses, injuries, medical expenses, damages (of any nature, form or description), and expenses (including reasonable attorney's fees and costs), for any injuries or damages sustained by my child as a result of, or in any way arising out of, his/her participation in **AC DELRAY**, which losses, injuries, medical expenses, damages, and expenses exceed any insurance coverage which may be available to my child through **AC DELRAY**, Florida Youth Soccer Association, Palm Beach County, City of Delray Beach, any other private or governmental entity, or any personal policy of insurance insuring my child. This release and hold harmless agreement does not apply to, nor shall it inure to the benefit of, any individual or entity that is not specifically associated with **AC DELRAY** as described above, whose negligence or intentional acts have resulted in injuries or damages to my child.

\_\_\_\_\_  
Initials



### PLAYER MEDICAL RELEASE FORM

Player Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Emergency Contact:**

Parent/Guardian Name and Phone Number: \_\_\_\_\_

Parent/Guardian Name and Phone Number: \_\_\_\_\_

**In an emergency, when a parent or guardian cannot be reached, please contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Medical and/or Hospital Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

**INSURANCE NOTICE:** FYSA's medical insurance requires all injuries must be reported within 90 days of the date of injury. FYSA's insurance has a \$2,000 deductible on each claim. The insurance company will pay 80% of the eligible amount after the deductible has been applied. The claimant is responsible for the other 20% of the next \$10,000 to a maximum out of pocket cost of \$3,000 per injury. Parents/guardians are responsible for all medical costs incurred that are not covered by private and/or FYSA insurance. AC DELRAY is not responsible.

**PARENT'S APPROVAL AND MEDICAL RELEASE**

Recognizing the possibility of physical injury associated with soccer and in consideration for USSF/US Youth Soccer and its affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify USSF/US Youth Soccer, its affiliated organizations and sponsors, their employees and associated personnel, including the owner of fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

My son/daughter is physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

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

Date \_\_\_\_\_