



Dunedin Stirling Soccer Club

2014-2015 GYSA (FALL) RECREATION SIGN-UP FORM

PLEASE PRINT LEGIBLY

PLAYER NAME _____

PLAYER DATE OF BIRTH _____ BOY [] GIRL []

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PARENT/GUARDIAN NAME(S) _____

HOME PHONE _____ ALT. PHONE _____

EMAIL ADDRESS _____

(PLEASE PRINT LEGIBLY)

ARE YOU INTERESTED IN COACHING? [] YES [] NO

UNIFORM ORDER (PLEASE CHECK ONLY ONE)

SHIRT	YOUTH SIZES	SMALL []	MEDIUM []	LARGE []	EXTRA-LARGE []
	ADULT SIZE	SMALL []	MEDIUM []	LARGE []	EXTRA-LARGE []
SHORTS	YOUTH SIZES	SMALL []	MEDIUM []	LARGE []	EXTRA-LARGE []
	ADULT SIZE	SMALL []	MEDIUM []	LARGE []	EXTRA-LARGE []
SOCKS		SMALL []	MEDIUM []	LARGE []	EXTRA-LARGE []

REGISTRATION FEES

U-6 & U-8 PLAYERS: \$120 + \$25.00 VOLUNTEER FEE PER PLAYER

U-10 THRU U-19: \$165 + \$25.00 VOLUNTEER FEE PER PLAYER

**** THE VOLUNTEER FEE IS RETURNED ONCE 2 VOLUNTEER HOURS ARE COMPLETED FOR THE CLUB.**

******* For Office Use Only *******

Age Grp: _____ In Gotsoccer: _____ Accepted By: _____

Paid By: _____ Amount Pd: _____ Check/Conf #: _____

Last name on check (if different than player name): _____

Experience: _____ Date: _____



Dunedin Stirling Soccer Club

Dunedin Stirling Soccer Club Medical Release Form

I, _____ (Parent/Guardian) hereby give permission for any and all medical attention to be administered to my child _____ (Child's name) in the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment.

Parent(s) Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Alt. Phone _____

Insurance Carrier _____

Subscriber _____

Policy # _____ Group # _____

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

- Coach, assistant coach or team manager
- Any league or tournament representative where my child is playing

Child's Physician _____

Physician Address _____

Phone # _____ Known allergies _____

Signature of Parent/Guardian

Date

State of Florida, County of _____

On this the _____ day of _____, before me a notary public, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.

WITNESS my hand and official seal.

Signature of Notary Public

Both parents/guardians and players are advised to take the Center for Disease Control's free online concussion training [HERE](#).

Under Florida law, this player who has suspected concussion or head injury must be removed from play or practice. Before the player may return to practice or competition a written medical clearance to return stating that the youth athlete no longer exhibits signs, symptoms, or behaviors consistent with a concussion or other head injury must be received from an appropriate health care professional trained in the diagnosis, evaluation, and management of concussions. In Florida, an appropriate health-care professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes), a licensed osteopathic physician (DO, as per Chapter 459, Florida Statutes), a licensed physicians assistant under the supervision of a MD/DO (as per Chapters 458.347 and 459.022, Florida Statutes) or health care professional trained in the management on concussions.

I have read and understand this consent form, and I volunteer to participate.

Player Name _____

Signature _____ Date: _____

As a parent or guardian, I have read and understand this consent form and I give permission for my child, named above, to participate.

Parent/Legal Guardian Name _____

Signature _____ Date: _____



Dunedin Stirling Soccer Club

Dunedin Recreation Division Release, Waiver and Indemnification
Child

I, _____ for myself, my heirs and personal representatives, and for the minor child _____, and his/her heirs and personal representatives, hereby assume for myself and for said child, all liabilities, risks, injuries and hazards incidental to participation in all activities and programs offered by the City of Dunedin Recreational Division or other sponsoring organization in which said child participates, including transportation to or from said activity. I represent that I am natural parent or legal guardian of such child and have full lawful authority to execute this release, waiver and indemnification on behalf on behalf of said child, binding myself and said child and the child's heirs and personal representatives to the undertakings herein set forth. I acknowledge that fact that this program may/or does involve physical contact or other conditions where injuries may occur. I do hereby waive, release, and agree to hold harmless the CITY OF DUNEDIN, its officers, agents, employees, the organizers, sponsors, activity supervisors, co-sponsoring organizations and participants for and from any claim, demand, liability, costs, suits, charges or compensation for loss or injury of any kind arising out of a loss or an injury, including losses or injuries arising from the negligence of the CITY OF DUNEDIN, its agents or employees and sponsors or activity supervisors, arising from the child's participation in the said activity. I acknowledge the CITY OF DUNEDIN will not assume any costs relating to any injury while the child in involved in this activity.

This waiver, release and indemnification is in consideration of the CITY OF DUNEDIN or activity sponsor permitting the child's participation in the activity or program and in further consideration of the CITY OF DUNEDIN not requiring self-funded liability insurance coverage as a condition precedent to the child's participation in the activity. I freely and voluntarily assume for myself and for the said child all risk of loss or injury arising from the child's participation in the activity whether due to the child's negligence, or the negligence of others. I acknowledge that, absent this release and indemnification, the CITY OF DUNEDIN or other sponsor of the activity would not have offered the child access to the activity because of unacceptable exposure to liability claims to the expense of providing a program that is risk free.

I have read and understood this document and sign it freely and knowingly, intending that it shall be fully operative and effective in all respects and that it waives legal rights to which I and the child might otherwise be entitled if the child is hurt or suffers loss during the child's participation in the activity. I represent and warrant that I have full legal authority to execute this form for the purposes expressed herein as legal or natural guardian of the minor child.

YOU MUST CAREFULLY READ THIS DOCUMENT BEFORE SIGNING IT. YOU ARE WAIVING OR RELEASING VALUABLE RIGHTS.

YOU ARE ADVISED TO SEEK THE ADVICE OF AN ATTORNEY IF YOU DO NOT FULLY UNDERSTAND THIS DOCUMENT.

SIGNED THIS _____ DAY OF _____, _____.

Signature of Parent/Guardian

Printed Name

Signature of Witness