

Association of Christian Youth Sports

Spirit United Player Registration & Medical Release Form

Please fill-out this form **completely** and sign appropriate boxed areas. To comply with FYSA requirements each new player is asked to provide a **photocopy (No Originals)** of their **Official State Issued Birth Certificate, Passport** or **write in their FYSA pass #** below. Please attach copies to back of this form. Thank you. FYSA player pass # (If available)

Registering for: 2010-2011 Season Spring 2011 Season Only
 U10 U11 U12 U13 U14 U15 U16 U17 Boys Girls

Parent/Guardian & Player Information: Please Print Neatly and Fill Out the Form Completely ☺

Parent/Guardian First Name: _____ **Parent/Guardian Last Name:** _____

E-Mail: _____

Street Address: _____ Home Phone :(_____)

City: _____ State: FL Zip: _____ Cell Phone: :(_____)

Player First Name: _____ **Player Last Name:** _____

Gender: Male Female **D.O.B:** _____ Age _____ Grade _____

Uniform (Youth XS – Adult XL): Jersey Size & # _____ Short Size _____ Sock/Shoe Size: _____

School Attending: _____ **Current/Past Team Name:** _____

(If not currently affiliated with a team please enter "None")

Specials Request/Comments: _____

Payment Amount: Registration \$120 Uniform \$175 Late Fee \$50 1st Mo. Trainer Fees \$30 *(Optional)*

Total: \$ _____

Method of payment: Cash Cashier's Check #: _____ Money Order #: _____

(Visa/MasterCard Only) Credit/Debit Card #: _____ Exp Date: _____

I would like to help with a scholarship for a teammate or player in need: Yes No Amount: _____

Scholarship recipients name: _____ Team _____

Volunteer Sign-up

Organizations like ACYS and Christian schools exist because many good people like you make a quality decision to volunteer their time and effort to making something positive happen. How can you help? Please check one or more. Thank you for your support!

Head Coach **Team Manager** **Team Mom** **Field Teardown** **Concessions**

Asst. Coach **Trainer** **Registration Helper** **Field Setup** **Field Marshall**

EMERGENCY AUTHORIZATION: I the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the coaches, assistant coaches or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as my agent, to consent to medical, surgical or dental examination and/or treatment. In case of emergency I hereby authorize treatment and/or care at any hospital. If there is an emergency and I cannot be reached, please contact the listed person who is hereby authorized to act in my behalf.

Emergency Contact Full Name: _____

Phone #: _____

WAIVER OF LIABILITY AND DISCLAIMER: To induce the Association of Christian Youth Sports (ACYS) to accept registration and permit participation in ACYS by the named individual, hereby give my consent and agree to release, indemnify and hold harmless ACYS, its officials, coaches and representatives from any claim arising out of injuries or conditions caused by or aggravated by my refusal to obtain available medical treatment based on religious or philosophical beliefs or otherwise.

ACKNOWLEDGMENT AND CONSENT: I Acknowledge receipt of the Accident Reimbursement Plan (on back) and I understand the terms of the plan. For both internal and external use, I acknowledge that ACYS may compile address and mailing labels and may utilize Flag Football photographs of the named individual. I consent to such uses and hereby waive all rights to compensation.

Account/Parent/Guardian Signature: _____

Date: _____

MEDICAL RELEASE FORM

I, _____ (Parent/Guardian's Name) 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; this release is effective for the period of one year from the date given below.

ADDRESS: _____

HOME PHONE: _____

INSURANCE COMP: _____

POLICY NUMBER: _____

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

COACH: _____

ASST. COACH: _____

MANAGER: _____

* A league representative where my child is playing.

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

PHYSICIAN: _____

ADDRESS: _____

PHONE: _____

KNOWN ALLERGIES: _____

SIGNATURE: _____

DATE: _____

PARENT/GUARDIAN)