

Association of Christian Youth Sports

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: Fall Soccer (Sept – Nov) Flag Football (Nov-Dec) Basketball (Jan-Mar) Spring Soccer (Mar-May) Spring Flag Football (Mar-May)

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

Please Indicate Reason for completing this form:

Payment Method Applying for ACYS Scholarship Late Registrant Other: _____

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 _____

School Attending: _____ Current/Past Team Name: _____
(If not currently affiliated with a team say "None")

Specials Request: _____

Payment Amount: Registration \$82 Uniform \$30 Admin Fee \$ ____ Late Fee \$15 Total: \$ ____
(If not sure about fees please contact the Office 407-521-2243 or Email acys@cfl.rr.com. Registrations with Incorrect Payments will not be processed)

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

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. Thanks!

Head Coach	<input type="checkbox"/>	Referee	<input type="checkbox"/>	Field Marshall	<input type="checkbox"/>	Field Setup	<input type="checkbox"/>
Asst. Coach	<input type="checkbox"/>	Trainer	<input type="checkbox"/>	Gym Monitor	<input type="checkbox"/>	Field Teardown	<input type="checkbox"/>
Team Mom	<input type="checkbox"/>	Concessions	<input type="checkbox"/>	Registration helper	<input type="checkbox"/>	Game day setup	<input type="checkbox"/>

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: _____