DRIFTWOOD YOUTH SPORTS CLUB

2016 SOCCER ACADEMY

Registration Packet

- **Program Fees:**
- ***Academy***
  - **New Player Registration Fee $75.00**
  - **Returning Player (from 2015-16 GHSL Season) Registration Fee.... $50.00**
  - **Tournament Team Practice Registration Fee……..$25.00**

- **Program Includes:**

  - ***Florida Youth Soccer Association Fees***
    - Player Registration and Pass if needed
    - Player Insurance

  - ***Fields & Training***
    - Hollywood West Complex
    - 2 days per week sessions (Tuesdays & Thursdays: 6:00 – 7:30 PM)
    - April 12th through June 4th

  - ***Academy Practice T-shirt***

- ***Optional (Tournament participation depending on age group)***

Registration Checklist

Please complete the following forms and return at the time of registration

1. Player Registration Form
2. Player Release & Indemnity
3. Medical Release Form
4. Payment

For more information and updates, please visit our website at: www.bluesombrero.com/driftwood
or contact us at: driftwoodyouthsoccer@yahoo.com

6700 Garfield Street Hollywood, FL 33024

EVERY PLAYER IS RESPONSIBLE TO BRING A SOCCER BALL & WATER TO EVERY SESSION.

Please Circle: Cash or Check #_____

$50.00 (Returning Player from immediate prior season)
$75.00 (New Player)
$25.00 (Tournament Team Player)

Driftwood Youth Sports Club, Inc.

Registration Form

Player's Name: _____ _____ _____
Last Name First Name Middle Initial

Phones: _____ _____ _____
Home Work Mobile

Address: _____

City: _____ Zip: _____

Gender: _____ Birth Date: _____ Verified: _____Shirt Size: _____Short Size: _____
mm/dd/yyyy

Email Address: _____

Parent/Guardian Name: _____

PARENT VOLUNTEER

Do you enjoy the sport of soccer? Do you enjoy seeing smiles on the players' faces? If so, and you have an interest in assisting our soccer program, please keep reading! DYSC (Driftwood Youth Sports Club, Inc) is looking for volunteers to assist in the several areas that it takes to run our program. If you have the availability to volunteer for a little as a couple hours a month to "as much as you want to give", we will find a place for you!

Volunteer (Parent) Name: _____Hours per week:_____ Position:_____
Coach / Concession Stand / Team Manager / Special Events

INSURANCE NOTICE: All injuries must be reported within 30 days of the date of the injury.

INFORMED CONSENT: I, the parent/guardian of the registrant, agree that we will abide by the rules of **Driftwood Youth Sports Club, Inc.,** the state association (FYSA) and all of its affiliated organizations. My/our child wishes to participate in soccer during the season of this registration. I/we realize risks are involved in my/our child's participation. I/we understand that the risk to my/our child includes a full range of injuries from minor to severe, and the result could be death, paralysis, or other serious or permanent disability. I/we accept this risk as a condition of my/our child's participation.

RELEASE OF LIABILITY - I, the parent of _____, do hereby give my consent to his/her participation in all activities of Driftwood Youth Sports Club, Inc. In case of any illness or injury to my child resulting from play, I hereby waive all claims against the organization, sponsors or supervisors and hereby release and absolve Driftwood Youth Sports Club, Inc. I likewise release from responsibility any person transporting my child to or from activities. I understand that I am responsible for my child's medical bills if injury occurs. I give my consent for medical treatment by the closest hospital, doctor or medical facility, _____
(parent initial)

Parent/Guardian Signature: _____ Date: _____

Complete this section ONLY if this form will be sent to the FYSA office to register the player:
District: _____ Club: _____ Team Code: _____ League: _____
Registrar's Signature: _____ Date: _____

Driftwood Youth Sports Club, Inc.

Returned check fee: Please be advised that you will be responsible for any returned check fees.
NO REFUNDS will be granted once the player has begun the first practice session
EVERY PLAYER IS RESPONSIBLE TO BRING A SOCCER BALL & WATER BOTTLE TO EVERY PRACTICE.

Player Medical Release Form

Player's Name: _____ Date of Birth: _____ SSN: _____

Address: _____ City: _____ State: ____ Zip: _____

EMERGENCY INFORMATION

Father's Name: _____ Home Phone: _____ Work Phone: _____

Mother's Name: _____ Home Phone: _____ Work Phone: _____

In an emergency, when parents cannot be reached, please contact:

Name: _____ Home Phone: _____ Work Phone: _____

Name: _____ Home Phone: _____ Work Phone: _____

Allergies: _____

Other Medical Conditions: _____

Player's Physician: _____ Home Phone: _____ Work Phone: _____

Medical and /or Hospital Insurance Company: _____ Phone: _____

Policy Holder: _____ Policy #: _____ Group #: _____

PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for the 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 the 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 has received a physical examination by a physician and has been found 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.

_____ _____

Signature of Parent/Guardian Date

Informed Consent about Concussions or Head Injuries

Effective July 1, 2012, Florida Statute 943.0438 requires the parent or guardian and the youth who is participating in athletic competition or who is a candidate for an athletic team to sign and return an informed consent that explains the nature and risk of concussion and head injury (including the risk of continuing to play after a concussion or head injury) each year before participating in athletic competition or engaging in any practice, tryout, workout, or other physical activity associated with the youth's candidacy for an athletic team.

The facts:

- ✓ A concussion is a brain injury
- ✓ All concussions are serious
- ✓ Concussions can occur without loss of consciousness
- ✓ Concussions can occur in any sport
- ✓ Recognition and proper management of concussion when they first occur can help prevent further injury or even death

What is a concussion? A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a "ding", "getting your bell rung", or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost, even if they do not directly hit their head.

To help recognize a concussion, you should watch for the following things among your athletes:

1. A forceful blow to the head or body that results in rapid movement or the head
2. Any change in the athlete's behavior, thinking, or physical functioning
3. Signs or symptoms of concussion that may be reported by a coach or other observer:
    a. Appears dazed or stunned
    b. Is confused about assignment or position
    c. Forgets sports plays
    d. Is unsure or game, score or opponent
    e. Moves clumsily
    f. Answers questions slowly
    g. Loses consciousness (even briefly)
    h. Can't recall events prior to hit or fall
4. Signs and symptoms that may be reported by the player:
    a. Headache or pressure in the head
    b. Nausea or vomiting
    c. Balance problems or dizziness
    d. Double or blurry vision
    e. Sensitivity to light or noise
    f. Feeling sluggish, hazy, foggy, or groggy
    g. Concentration or memory problems
    h. Confusion
    i. Does not feel right

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: _____