

# DRIFTWOOD YOUTH SOCCER ACADEMY

## Registration

### 2011

#### ❖ Program Fees

##### ❖ Academy

- New Player Registration Fee..... \$80.00
- Returning Player Registration Fee..... \$60.00

#### ❖ Program Includes

##### ❖ Florida Youth Soccer Association Fees

- Player Registration and Pass
- Player Insurance

##### ❖ Fields & Training

- Hollywood West Complex
- 2 days per week sessions

##### ❖ Uniforms

- Academy Practice t-shirt
  - 1 T-shirt

##### ❖ Academy Participation

- Competition in academy session (March thru June)
  - FYSA Player Registration
  - Referee Fees
  - Insurance
  - Equipment (Cones, flags, balls, etc.)

##### ❖ Optional (Tournament participation)

- In-house Tournaments 3v3 or 5v5 participation (this will be further discuss at registration)
  - Registration
  - Referee & Assignor Fees
  - Insurance

### Registration Checklist

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

1. Player Registration Form
2. Medical Release Form (*must be notarized*)
3. 2 Passport Photos
4. Payment
5. Proof of birth (Copy of Birth Certificate, copy of Driver License / ID or copy of passport)

***For more information, please contact us at [driftwoodyouthsoccer@yahoo.com](mailto:driftwoodyouthsoccer@yahoo.com)***

6700 Garfield Street Hollywood, FL 33024 PH: 954.786.4865 or 954-558-3214

Circle Payment Cash or Check # \_\_\_\_\_

**EVERY PLAYER IS RESPONSIBLE TO BRING A SOCCER BALL AND WATER BOTTLE TO EVERY GAME AND PRACTICE.****Driftwood Youth Sports Club Inc.  
Soccer Academy Registration Form**

Player Pass No. \_\_\_\_\_

Player Name \_\_\_\_\_  
Last Name First Name InitialPhones \_\_\_\_\_  
Home Work Mobile

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Gender \_\_\_\_\_ Birth Date \_\_\_\_\_ Verify. \_\_\_\_\_ 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 kids faces? If so, and you have an interest in assisting our soccer program keep reading! DYSC (Driftwood Youth Sports Club, Inc) is looking for volunteers to assist in 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: \_\_\_\_\_

**INSURANCE NOTICE:** All injuries must be reported within 90 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 Soccer, Driftwood Youth Sports Club, Inc.**, the state association (FYSA) and all 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 full range of injuries from minor to severe, and the result could be death, paralysis, or other serious, 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  
Signature \_\_\_\_\_ Date \_\_\_\_\_**Driftwood Youth Sports Club Soccer & Driftwood Youth Sports Club, Inc.**

\*Check returned fee: Please be advised that you will be responsible for check returned fee.\*

\*NO REFUNDS will be granted once the player has begun the first Academy session\*

## **MEDICAL RELEASE FORM**

I, \_\_\_\_\_ (Parent/Guardian's Name) hereby give permission for any and all medical attention to be administered to my child \_\_\_\_\_ in the even 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: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT #: \_\_\_\_\_

INSURANCE CO: \_\_\_\_\_

POLICY #: \_\_\_\_\_

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: \_\_\_\_\_

ADRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

KNOWN ALLERGIES: \_\_\_\_\_

SIGNATURE (PARENT/ GUARDIAN): \_\_\_\_\_ DATE: \_\_\_\_\_

Subscribed and sworn before me, this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC