



Orlando City Youth Soccer

1900 Seminole Soccer Loop, Sanford FL 32771
Phone: 407-321-5264 Fax: 407-321-5280
www.orlandocitysc.com

Office Use:

Permission to Roster Form

ALL BLANKS MUST BE FILLED OUT COMPLETELY

Players Name:	Date of Birth:
Email:	Players Age:
Phone Number:	Circle: Male Female

Team Coach: _____

Parent/Guardian Name: _____ Cell Phone _____

Parent/Guardian Name: _____ Cell Phone _____

Family E-mail: _____

Address _____

City: _____ St: _____ Zip Code: _____

NOTICE TO THE MINOR CHILD'S Natural guardian

Read this form completely and carefully. You are agreeing to let your minor child engage in a potentially dangerous activity. You are agreeing that, even if Seminole Soccer Club, inc. doing business as Orlando City Youth Soccer Club (OCYSC), and the Florida youth soccer association (FYSA) use reasonable care in providing this activity, there is a chance your child may be seriously injured or killed by participating in this activity because there are certain dangers inherent in the activity which cannot be avoided or eliminated. By signing this form you are giving up your child's right and your right to recover from OCYSC and/or FYSA in a lawsuit for any personal injury, including death, to your child or any property damage that results from the risks that are a natural part of the activity. You have the right to refuse to sign this form, and OCYSC and FYSA have the right to refuse to let your child participate if you do not sign this form.

I, the parent/guardian of the registrant or the registrant (18 years or older) acknowledge that I am completely aware of the inherent risks associated with soccer and hereby waive, release and discharge OCYSC, FYSA and all of its affiliated organizations as well as the officers, directors, volunteers, employees and agents (collectively, and the Released Parties), from and all liability and responsibility in the event that my minor child, named above, (or registrant if 18 years of age or older), becomes injured in any way during their participation in soccer events or any activities associated with the "Released Parties". I further state that I and/or my child takes full responsibilities for any injury that may occur as result of my child's participation, and that neither I nor my child will hold the "Released Parties" responsible for any aggravation of pre-existing injuries prior to or during mine or my child's participation in any soccer event or activities associated with the "Released Parties" I understand that that this release and indemnity agreement includes any claims based sole or partial negligence, action or inaction of the above "Released Parties" and covers bodily injury (including death) and property damage, whether suffered by me or my

child before during or after such participation. I declare that I or my child are physically fit and have the skill level required to participate. I further authorize medical treatment for myself or my child at my cost, if the need arises. I also understand that my child or I may be required to leave the event should my child or I exhibit undesirable conduct.

I further consent for my child to be photographed, videotaped or filmed while participating in OCYSC activities and for the images to be used for the promotional purposes of OCYSC.

I understand and accept my commitment to the OCYSC. I hereby release any officers, coaches, sponsors, or owners/lien holders of properties used by the OCYSC from any and all claims and causes of action of any kind whatsoever which the undersigned has or might have, known or unknown, now existing or might arise in the future, directly or indirectly attributable to any injury or damage that might result from my child's participation in soccer activities.

I and the player have read Policies & Pledges. All players and their families are expected to abide by and support the policies and procedures included therein. If you have any questions, please contact your team coach or the coaching directors. A copy of the agreement is available on ocyouthsoccer.com, under Recourses and Forms.

Insurance Notice:

All injuries relating to games, practice or team functions shall be reported to Coach within 90 days of the date of injury. Benefits will be provided for eligible expenses not paid by other health plans after Florida Youth Soccer Association (FYSA) deductible has been satisfied.

Do you have medical Insurance? If so, name of Insurance _____

I, the Parent/Guardian have read and understand the above Insurance Notice and Informed Consent as acknowledge by my signature below.

Parent/legal guardian Signature _____ Date: _____

Player Signature _____

By signing this form I give Orlando City Youth Soccer Club "OCYSC", permission to register my son/daughter to play for the above team for the FYSA/ July 1, 2019 thru applicable league's end date, 2020.