



FC Dallas Emerald Coast

Spring 2012

Registration Tracking Form

Player Name _____ **Team** _____ **B** _____ **G** _____

Jersey Number _____

Initial

Received

Sign Off

Station 1 – Administrative Paperwork

AllPlayers.com Registration _____

Medical Release (notarized) _____

General Release _____

Initial

Station 2 – Registration Paperwork

Registration Form (FYSA) _____

Registration Form (US Club) _____

Birth Certificate (original + copy) _____

Initial

Station 3 – Payment

Team / Player Pool Fee \$ _____ – Sibling Discount \$ _____ = \$ _____
(circle one)

Registration Fee (Required at registration) \$ _____

Sub-Total \$ _____

Paid – \$ _____

Balance Owed \$ _____

Date _____

Initial

FC Dallas Emerald Coast
Player Registration Form

Player Pass No. _____

Player Name _____
Last Name First Name Initial

Phones _____
Home Work Mobile

Home Address _____

City _____ Zip _____

Gender _____ Birth Date _____ Verif. _____ HS Grad Year _____ Citizen _____
mm/dd/yyyy

Email Address _____

Parent/
Guardian Name _____

INFORMED CONSENT/INSURANCE NOTICE

FYSA RECOMMENDS THAT PLAYERS NOT REGISTER TO A TEAM WHOSE AGE GROUP EXCEEDS THE PLAYER'S NORMAL AGE. It is FYSA's policy that all players compete at a level they are capable of both physically and developmentally. For a player to move up more than one normal age grouping will require approval from the affiliate's director of coaching or agent of record, and the FYSA Director of Coaching.

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 **FC Dallas Emerald Coast**, 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.

Parent/Guardian
Signature _____ Date _____

Complete this section ONLY if this form will be sent to the FYSA office to register the player:
District D2 Club _____ Team Code _____ League _____
Registrar
Signature _____ Date _____



716 8th Ave. North
 Myrtle Beach, SC 29577
 Phone: (843) 429-0006
 Email: admin@usclubsoccer.org
 Website: www.usclubsoccer.org

YOUTH CLUB REGISTRATION CONFIRMATION

Club Name _____ **City** _____ **State** _____

I hereby consent to the above-named club registering me with US Club Soccer. I understand that I may be registered to only one US Club Soccer member club at any time. [Note: it will not be necessary to complete this form again as long as the player is with this club; which will hold this form unless requested by US Club Soccer.]

Player's Signature **Date** **Parent/Guardian Signature** **Date**

PLAYER'S MEDICAL INFORMATION

Player's Name _____ Birth Date _____
 Street Address _____ City _____ State _____ Zip _____
 Email Address _____

Father's Name _____ Home Phone () _____ Bus Phone () _____
 Mother's Name _____ Home Phone () _____ Bus Phone () _____

In an emergency when parent/guardian cannot be reached, please contact the following:
 Name _____ Home Phone () _____ Bus Phone () _____
 Name _____ Home Phone () _____ Bus Phone () _____

Allergies _____
 Other Medical Conditions _____

Physician _____ Home Phone () _____ Bus Phone () _____
 Medical/Hospital Insurance Company _____ Phone () _____
 Policy Holder's Name _____ Policy Number _____

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. *I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.*

Signature _____ **Date** _____

 (Relation to player: father, mother, guardian)



GENERAL RELEASE, WAIVER, AND VIDEOTAPE AUTHORIZATION

The undersigned hereby forever releases, holds harmless, waives, and discharges the FC Dallas Soccer Club™ (“FC Dallas”), FC Dallas Soccer, LLC (“FCD”), FCD Youth, LLC (“FCDY”), Frisco Stadium, LLC (“FSLLC”), Major League Soccer, L.L.C. (“MLS”), FC Dallas Foundation (“FCDF”), and their respective affiliates, officers, directors, agents, representatives, sponsors, shareholders, partners, employees, and members (collectively, the “FCD Parties”) from and against any and all liabilities, debts, obligations, costs, expenses, damages, judgments, liens, claims, and demands of any nature or description, in equity or at law, that the undersigned (or his or her heirs or personal representatives) may now have, acquire, own, or hold, or at any time heretofore owned or held, or could or may hereafter own, acquire, or hold against any one or more FCD Parties, known or unknown, suspected or unsuspected, asserted or not, arising out of participation by the undersigned in events or activities conducted by any one or more of the FCD Parties **even if the risks and liabilities that the undersigned is releasing arise out of the negligence or carelessness of one or more of the FCD Parties** (collectively, the “Released Claims”). This release is specifically intended to be binding on all of the undersigned’s heirs and assigns. The undersigned admits the possibility that the undersigned or his or her successors may not fully know the number or magnitude of all Released Claims, but nevertheless **intends to assume all risks** by releasing such unknown claims, and agrees that this release is a **full and final release and wavier of all Released Claims**. The undersigned expressly waives the benefit of any statutory or other provision that creates any exception to the foregoing General Release, Waiver, and Authorization.

The undersigned hereby grants to FCD, FCDY, FSLLC, FCDF, and their respective affiliates, jointly, for their own benefit and for the benefit of others, the non-exclusive and perpetual right to (a) interview, photograph, or otherwise capture the image of the undersigned, both in still and motion pictures, (b) record the voice of the undersigned, separately and in synchronization with images, by any means known or hereafter discovered, and (c) use and duplicate such photographs or other images, whether in print, videotape, digital, or other formats, and reproduce the voice of the undersigned, separately or together with such images for all purposes. All copies of the undersigned’s image, likeness, and voice created or recorded by FCD, FCDY, FSLLC, FCDF, or their respective affiliates (or agents) hereunder shall be the exclusive property of FCD, FCDY, FSLLC, FCDF, and their respective affiliates, jointly. The undersigned agrees that the copyright in any work captured by FCD, FCDY, FSLLC, FCDF, or their respective affiliates (or agents) hereunder shall be the exclusive property of FCD, FCDY, FSLLC, FCDF, and their respective affiliates with all such rights in and to said work having been transferred to FCD, FCDY, FSLLC, FCDF, and their affiliates hereby.

The undersigned has read this document, understands the contents, has had the opportunity to obtain legal advice as to its effect, and is under no duress or obligation of any kind to execute it. This General Release and Waiver reflects the understanding of the undersigned with respect to all subject matter addressed herein and will be construed accordingly.

THE UNDERSIGNED UNDERSTANDS THAT ACTIVITIES CONDUCTED BY THE FCD PARTIES ARE INHERENTLY RISKY AND DANGEROUS, AND THE UNDERSIGNED AGREES TO ASSUME ALL RISKS AND DANGERS ASSOCIATED WITH SUCH PARTICIPATION.

Date: _____ Signature: _____

Age: _____ Printed Name: _____

If participant is under 18 years of age, the participant’s parent or guardian must sign this form.

Guardian’s Signature

Guardian’s Printed Name



FC DALLAS EMERALD COAST 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: _____

* 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
(PARENT/GUARDIAN) _____ DATE _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this ____ day of _____ 20__, by _____ who is personally known _____ or produced _____ as identification.

Signature Notary Public

(Print, Type, or Stamp Commissioned Name of Notary Public)