



D'Iberville Youth Soccer Organization Player Registration and Medical Release Form

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

Address: _____ City: _____ Zip: _____

School: _____ Grade: _____ Years of soccer experience: _____

Are you a returning DYSO player: _____ If No, last league played in: _____

Emergency Information

Parent/Guardian #1: _____ Home Phone: _____

Email Address: _____ Cell Phone: _____

Parent/Guardian #2: _____ Home Phone: _____

Email Address: _____ Cell Phone: _____

Child's Doctor: _____ Hospital Preference: _____

Does your child have any medical conditions, allergies or special needs that your coach should be aware of? _____

If yes, please describe: _____

Emergency contact: _____ Phone: _____

The D'Iberville Youth Soccer Organization has secondary medical insurance through the Mississippi Youth Soccer Association. There is a \$250 deductible paid by the parent or guardian in the event of injury or if medical treatment is needed. **I hereby give consent for medical treatment deemed necessary by physicians and/or for transportation to a hospital emergency room for treatment for any illness or injury resulting from his/her participation in D'Iberville Youth Soccer Organization.** I understand this authorization will only be enforced if I cannot personally be contacted to provide immediate treatment. There will be a \$50 return check fee for any and all checks that are returned with insufficient funds. I hereby give my permission for use of photographs taken by the D'Iberville Youth Soccer Organization, in advertising or promotion. Under penalty of perjury, I hereby ascertain that all the information above is correct. Failure to provide correct information could result in legal prosecution. **Registration with the D'Iberville Youth Soccer Organization is a binding agreement. I understand that the player being signed up today has an obligation to complete their requirement as a registered member of the league.**

Parent/Guardian signature: _____ Date: _____

Parent/Guardian (Print): _____

Please ensure jersey and shorts sizes are correct. D'Iberville Youth Soccer Organization will not substitute for sizing errors. Parents will be responsible for the cost of ordering/shipping a new uniform.

<u>JERSEY SIZE (Circle one)</u>			<u>For Official Use</u>
Youth Extra Small	Youth Small (6-8)	Youth Medium (10-12)	
Youth Large (14-16)	Adult Small	Adult Medium	
Adult Large	Adult Extra Large		
<u>SHORTS SIZE (Circle one)</u>			
Youth Extra Small	Youth Small (6-8)	Youth Medium (10-12)	Date _____
Youth Large (14-16)	Adult Small	Adult Medium	Payment Amount _____
Adult Large	Adult Extra Large		Payment Type _____
			Birth Certificate # _____
			State Issued _____
			Age Division _____

**RELEASE OF THE CITY OF D'IBERVILLE
(PARENT ON BEHALF OF MINOR CHILD SPORTS PARTICIPANT)**

I, the undersigned parent of a minor child, have allowed my child to participate in a sports activity within the City of D'Iberville. I, as parent, know and realize that my child could be injured while engaged in this sports activity. I fully appreciate the risk and dangers, which I assume on behalf of my child. Acknowledging these facts, I, as parent, deliberately and voluntarily give my consent for my child to assume the risks inherent in my child engaging in this sports activity. I, as parent, agree to hold harmless the City of D'Iberville any and all liability for its negligence or the negligence of any of its agents, employees, servants, assigns, delegates or any person acting on behalf of the City of D'Iberville for any injuries which my child may sustain while engaged in this sports activity.

As a member of this sports team, my child enters upon the City of D'Iberville property, sports fields and playground at his/her own risk. I accept, on behalf of my child, the property in its "as is" condition. I, as parent, excuse the City of D'Iberville, its agents, employees, assigns and delegates from any and all defects in the sports field, playground, property and equipment. Additionally, I, as parent, excuse the City of D'Iberville, its agents, employees, assigns and delegates from any and all negligence in the ownership and maintenance of this property, playground, or playfield.

I, the undersigned, as parent of a minor child who is a sports participant, realize that there may be hazards or conditions, including, but not limited to holes, fence wire, unauthorized persons on the property or other risks that may cause injury or death to my child. The City of D'Iberville and its agents, employees, assigns, delegates make no representations or assurances to the undersigned of the safety of this property for recreational use and disclaim any duty of care or responsibility to the undersigned.

Further, the undersigned parent agrees that his/her child will exercise reasonable care for his/her own safety in order to avoid the risk of injury or death. The undersigned parent agrees that the City of D'Iberville is not responsible or liable for injuries or death caused by or through the negligent acts of this minor child or other sports participants or through his/her own negligence or fault.

The undersigned parent does hereby relieve and excuse the City of D'Iberville for any and all liability which may be occasioned by the negligent acts of the City of D'Iberville, its agents, assigns or delegates, including but not limited to: (1) Failure to properly maintain the property, equipment and/or facilities of this sports activity; (2) failure to properly supervise the sports activity or any of the coaches, umpires, participants, personnel, or any other persons involved in the sports activity; (2) Failure to inspect the premises to make the premises safe in the exercise of due care; and (4) Any negligence by the City of D'Iberville, its agents, assigns, delegates in the provision of sports equipment of defective conditions caused by, through or in the equipment resulting in injuries or deaths.

I understand that the City of D'Iberville carries no liability insurance or other insurance to compensate me, my child, parents, spouse, or other persons who may be responsible for my child's care, in the event that my child is injured while engaged in this sports activity.

Parent/Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

Printed Name of Minor Child Sport Participant: _____