



Gulf Coast United Soccer Club

PLAYER INFORMATION & EMERGENCY RELEASE FORM

PLEASE PRINT

Players Legal Name: last _____ first _____ MI _____ Sex _____

Address: _____ City: _____ Zip: _____ Date of Birth: _____

E-Mail Address _____ Phone: _____

Do you live in the un-incorporated area of Pinellas County: _____ Do you live within city limits: _____

School: _____ Grade: _____

Siblings & Ages: _____

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

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

Other Emergency Contact Name: _____ Phone Number: _____

Years in Soccer: _____ Last Age Group: _____ Last Organization: _____

Past Parent Participation: _____ Is the player a US Citizen? _____

We are an all volunteer organization, your willingness to participate is greatly appreciated. Please indicate each item you can assist with:

- Head Coach
- Assistant Coach
- Team Parent
- Team Sponsor
- Fundraising
- Concession Stand
- Field Maintenance
- Trophy and Uniforms

If you are interested in sponsoring a team or making a scholarship contribution please give business or personal name and the name of the person we should contact.

Business: _____ Contact Person _____ Phone _____

Informed Consent:

I understand that all teams in GYSA are put together by a blind draft, therefore specific player placement cannot be honored. I understand that this complex is run solely by volunteers and I will be asked to help with team drinks and snacks and I will also be responsible for minor concession duties. I understand the policies of Gulf Coast United Soccer Program and I give permission for my child to participate in playing.

I, the parent/guardian of the registrant, agree that we will abide by the rules of GYSA, FYSA, and its affiliated programs. My/our child wishes to participate in soccer during the season of registration. I/we realize the risks are involved in my/our child's participation. I/we understand that the risk to my/our child includes full range of injuries, and the result can 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 _____

CLUB USE ONLY

Sizes: shirt _____ shorts _____ socks _____

Age Group: _____ PP# _____ Class _____

Check # _____ Amount _____ Cash _____ Amount _____

Name of other players paid for with same check or cash: _____



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PLAYER EMERGENCY MEDICAL RELEASE FORM ***THIS MEDICAL RELEASE FORM MUST BE NOTARIZED***

I, as the parent or legal guardian of (player) _____, hereby give consent to his/her participation in the Gulf Coast United Soccer Club during the _____ soccer season. I hereby assume all risks and hazards incidental to such participation including transportation to and from all related activities and do hereby further waive, release, absolve, and agree to hold harmless Gulf Coast United organizers, sponsors, supervisors, participants and persons transporting my son/daughter.

I hereby authorize any licensed hospital or licensed medical physician to perform any preliminary examination or render any emergency treatment which may be necessary in the event that my son/daughter shall be injured while participating in the Gulf Coast United Soccer Program, without contacting me first.

My son/daughter has the following medical problems, is prescribed the following medication(s), which should be noted:

Allergies: _____ Date of last Tetanus shot: _____

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

I have medical coverage for my child.

Name of insurance company: _____ Policy Number: _____

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Parent /Guardian Signature: _____

Notary Public

State of Florida, County of Pinellas On this _____ day of _____, 200__, before me, a Notary Public, State of Florida, duly commissioned and sworn, personally appeared _____ known to me and to be the person whose name the he/she executed the same. IN WITNESS WHEREOF, I have set my hand and affixed by official seal.

NOTARY PUBLIC, STATE OF FLORIDA