



City of Destin Parks & Recreation

Morgan's Sports Center
4200 Indian Bayou Trail, Destin, FL 32541
(850) 650-1241
www.cityofdestin.com



Youth Soccer Registration Form Spring 2021

Birth Certificate Required

Registration can be done from Feb 16th – March 6th

Child's Name: _____ Date of Birth: ____/____/____
Please Print Clearly

Age**: _____ Gender: _____ Jersey Size: YS YM YL AS AM AL AXL
As of 9/1/20

Parent/Guardian Information: Please Print Clearly

Primary Guardian's Name: _____

Address: _____ City, ST, Zip: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

E-Mail Address: _____

Insurance Provider: _____

Emergency Contact: _____ Phone #: _____
Not Residing in Household

Can you volunteer to help in any of the following areas?

Coach: _____ Team Sponsor: _____ Team Mom: _____ Referee: _____

Does your child play Travel / Club Soccer: Yes _____ No _____

Player Registration Fees: Spring 2021 Season: \$25 - Destin Residents _____ \$40 - Non-Residents _____

Permission to Play / Hold Harmless

PARENTAL PERMISSION AND INSURANCE STATEMENT

WE HEREBY AGREE THAT THE SOCCER ASSOCIATION FOR YOUTH (SAY) ITS MEMBER, COACHES, OR OFFICERS SHALL NOT BE LIABLE FOR ANY INJURY OR LOSS WHICH MY CHILD MAY SUSTAIN WHILE PARTICIPATING IN ACTIVITIES OF ANY KIND WHETHER SPONSORED BY OR UNDER THE SUPERVISION OF SAY, AND WE AGREE TO INDEMNIFY ANY TO HOLD HARMLESS SAY, IT'S MEMBERS, COACHES, OFFICERS OR DESIGNATES OF ANY KIND FROM ANY CLAIMS WHATSOEVER. I/WE HAVE ALSO READ THE PARENTS CONTRACT AND AGREE WITH THE MISSION, VISION, AND GOALS OF THE PROGRAM. I/WE AGREE TO FOLLOW ALL PROCEDURES AND PROCESSES THAT ARE LISTED ON THE PARENTS CONTRACT. I, BEING THE PARENT/GUARDIAN OF THE REGISTRANT, COVENANT AND AGREE THAT I WILL INDEMNIFY AND HOLD HARMLESS THE CITY OF DESTIN AND THE CITY OF DESTIN'S MAYOR, COUNCIL MEMBERS, AGENTS, AND EMPLOYEES FROM ANY AND ALL CLAIMS, LOSSES, ACCIDENTS, INJURIES, SICKNESS, DAMAGES, COSTS, CHARGES, OR EXPENSES OF ANY KIND WHATSOEVER ARISING OUT OF ANY ACT, ACTION, NEGLIGENCE, OR OMISSION BY (ME) OR (MY CHILD) WHILE ATTENDING OR PARTICIPATING IN ANY EVENT, SPORT, OR ACTIVITY TO BE CONDUCTED ON OR ABOUT THE PREMISES OF THE DESTIN COMMUNITY CENTER OR OTHER CITY RECREATIONAL FACILITIES.

Parent / Guardian Name: _____
Please Print

Parent / Guardian Signature: _____ Date: _____

*****Office Use Only*****

Date Paid: _____ Amount Received: _____ Cash: _____ Check#: _____ Credit: MC _____ Visa _____

Received By: _____ Receipt # _____ Waiver completed: _____



Destin Community Center Waiver
 City of Destin Parks & Recreation
 Office: (850) 650-1241



PLEASE PRINT CLEARLY

Name Participant: _____ Date: _____

Date of Birth: _____ Age: _____ ___F ___M

I, _____, covenant and agree that I will indemnify and hold harmless the City of Destin and the City of Destin's Mayor, Council members, agents, and employees from any and all claims, losses, accidents, injuries, sickness, damages, costs, charges or expenses of any kind whatsoever arising out of any act, action, neglect or omission by (me) or (my child) while attending or participating in any event, sport, or activity to be conducted on or about the premises of the Destin Community Center/City Recreation facilities. I also acknowledge that I have read and understand the notice below:

Dated this _____ day of _____ 20_____

 Signature (parent or guardian if minor child)

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 CITY OF DESTIN USES REASONABLE CARE IN PROVIDING 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 CITY OF DESTIN IN A LAWSUIT FOR 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 CITY OF DESTIN HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Dated this _____ day of _____ 20_____

 Signature (parent or guardian if minor child)

Address: _____ City/State: _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address (print clearly PLEASE): _____

Emergency Contact (other than parents): _____ Phone: _____

Medical information that may be needed (specific allergies, etc.). **Do not leave blank:** indicate "None"

 _____ Medical Insurance Company

NOTICE TO THE PARTICIPANT AND OR MINOR CHILD'S NATURAL GUARDIAN

I have read and understand the policies and procedures due to COVID-19. I acknowledge that the City of Destin, Parks & Recreation department has placed preventative measures to reduce the spread of COVID-19, and I must comply with all set procedures to reduce the spread while I, and or my child is attending City of Destin, Parks & Recreation sponsored programs and or events. I acknowledge that I and or my child (ren) will be subject to temperature & health check screening, at a minimum, prior to the start of any program and or event. I understand the contagious nature of COVID-19, and I acknowledge that the City of Destin cannot guarantee that me and or my child will not become infected with the COVID-19 while attending programs and or events. I voluntarily seek services provided by the City of Destin, Parks & Recreation department and assume the risks described above with myself and or my child.

Participant / Parent Guardian Print Name

Minor Child(ren) Name(s)

Participant Signature / Parent Guardian Signature

Date