



**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 2019**

**Registration can be done from January 2<sup>nd</sup> – March 8<sup>th</sup>**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Please Print Clearly

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Jersey Size: YS YM YL AS AM AL AXL  
As of 8/1/18

**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

**Does your child currently participate in travel / club soccer?** Yes \_\_\_\_\_ No \_\_\_\_\_

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

Coach: \_\_\_\_\_ Team Sponsor: \_\_\_\_\_ Team Mom: \_\_\_\_\_ Referee: \_\_\_\_\_

**Player Registration Fees: Spring 2019 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) 654-5184



**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 \*** \_\_\_\_\_