



Association of Christian Youth Sports

2105 Lee Road • Orlando, FL 32810

407-521-2243 • www.acys.org

VOLUNTARY WAIVER AND LIABILITY RELEASE AGREEMENT

PLAYER'S INFORMATION

Player's Name: _____ D.O.B: _____

Team / Club Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian's Name: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Home Phone: _____ Cell Phone: _____

I, the undersigned, recognize the possibility of physical injury associated with soccer or any other sport ACYS offers, and voluntarily accept and assume this risk as part of my playing soccer and participation in soccer programs and competitions conducted under ACYS Spirit United. I further agree that ACYS Spirit United shall have the right to record, broadcast and otherwise use in any and all social media, my name, likeness, voice and biographical information in connection therewith.

Furthermore, I agree to release, indemnify, and hold harmless ACYS Spirit United, its agents, servants, referees, referee assignors, volunteers, and employees, from any and all liability, causes of action, expenses, medical or otherwise, claims or demands of any nature whatsoever for personal injury, property damage, or loss of property which I, named below, now have or which may arise in the future connected in any way with the use of the facilities or my participation in soccer programs and competitions under ACYS Spirit United. The validity, interpretation, construction and enforcement of this Agreement shall be governed and controlled by the laws of the State of Florida. I, named below, agree to abide by all ACYS Spirit United policies and rules of conduct.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Player's Signature: _____ Date: _____

Parent/Guardian's Signature (for minor) _____ Date: _____



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MEDICAL RELEASE FORM

Player's Name: _____ Date of Birth: _____

Address: _____

Parent/Guardian Name: _____ Primary Phone: _____

Secondary Parent/Guardian Name: _____ Primary Phone: _____

In an emergency, when parent/guardian cannot be reached:

Name: _____ Primary Phone: _____

Insurance Company: _____ Policy Number: _____

Policy Holder: _____ Group Number: _____

Child's Physician: _____ Phone: _____

Physician's Address: _____

Player's Known Allergies: _____

Other Medical Conditions: _____

When attending to an injured player, timing is important. In case I cannot be reached, any of the following persons is designated to act on my behalf to assist my child:

Coach: _____

Assistant Coach: _____

Manager: _____

A league/tournament/camp representative where my child is playing.

Recognizing the possibility of injury associated with soccer and in consideration for ACYS Spirit United and its affiliates accepting the registrant for its soccer programs, I hereby release/discharge ACYS Spirit United, affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs.

I agree the player listed above has received a physical examination by a physician and has been found physically capable of participating in the programs. In the event of an accident, injury, sickness, etc., under the direction of the person(s) listed above, until such time as I can be contacted, I hereby give my consent and permission for any and all medical attention/treatment to be administered to my child. I agree to be responsible for the payment of any such treatment. This release is effective for the period of one year from the date given below.

Parent/Guardian Signature: _____ Date: _____

Print Name of Parent/Guardian: _____

"Train a child in the way he would go and when he is old he will not turn from it." – Proverbs 22:6