



(718) 887-6321 or (407) 864-3599

SOUTH LAKE SOLDIERS YOUTH SPORTS INC

3244 White Blossom Lane
Clermont, FL 34711



SouthLakeSoldiers@gmail.com

Flag: 6U **Tackle Football:** 8U 10U 12U 14U **Step/Dance Team**

Player/Participant Information:

Season: Spring or Fall 202__

Last Name: _____ First Name: _____ Date of Birth: _____

Age as of 7/31: _____ Gender: _____ Height : _____ Weight: _____ Current School: _____

Grade: _____ Medical Conditions/Allergies: _____

Parent/Guardian Name(s): _____

Address: _____

Phone #: _____ Email address : _____

Emergency Contact Name: _____ Phone: _____

Parental Medical Treatment Authorization/Parents Statement: In the event of injury or illness to my child, I hereby grant authorization for emergency medical care prescribed by a duly licensed Doctor of Medicine. This emergency care may be given under any conditions, which are necessary to preserve the life or well being of my child/dependent. I, the parent/legal guardian of the above named child, hereby give my permission for him/her to participate in any and all football or step/dance related activities during the current season. I am aware that these activities could result in contact and requires strenuous, physical activities. I assume all risks of hazards incidental to such activities. I hereby WAIVE, RELEASE, ABSOLVE, INDEMNIFY, AND AGREE TO HOLD HARMLESS the South Lake Soldiers Youth Sports Inc, it's respective organizers, sponsors, coaches, representatives, supervisors, from any and all claims arising out of his/her participation in or being transported to or from the same, whether the result of negligence, or any other cause, except to the extent and amount that may be covered by accident or liability insurance.

Medical Accident Coverage: I have been informed and am aware that South Lake Soldiers Youth Sports Inc. has in place an insurance policy to provide insurance against medical and hospitalization costs only which are incurred as the result of injuries sustained by my child while engaging in football or step/dance activities. I understand that this coverage is secondary only to coverage beyond the benefits associated with medical and hospitalization expenses. I understand that the South Lake Soldiers Youth Sports Inc is not responsible for reimbursement of claims.

Refunds: No refunds after 1st game of Season. Full refund allowed within 48 hours of registration (only if before 1st official practice date and cannot cross over into 1st official practice date or 50% refund will be applied). Partial refund (50%) is allowed if a player cancels after the 1st official practice date began. Fees are not transferable to any other team.

Non Volunteer Fee: Our league is solely run by volunteers and we can not do so without parent support. I understand that a family member is required to volunteer. A volunteer list will be created prior to the 1st official game. If a family member refuses to volunteer or find a suitable replacement a \$75.00 non-volunteer fee will be applied. If the fee is not paid immediately your player may not be able to participate in that day's game or future games if the fee is not paid. I understand that I have the option to pay a \$50.00 non-volunteer fee prior to the start of the season to exclude me from volunteering.

Equipment Handout/Return: I understand that my player will not be issued ANY equipment until all required paperwork and payment are completed to meet his player certification. It is my responsibility to reimburse the league for the full price of any equipment not returned. Helmet fee \$250.00. Shoulder pad fee \$100.00. Game pant fee \$50. Failure to return all league issued equipment will result in criminal prosecution. Failure to return any equipment will result in being banned from this league until reimbursement is met.

Parent/Guardian Signature: _____ Date: _____

SLS USE ONLY: Amount Paid: \$ _____ Cash/Check Circle one: Zelle, Paypal, Cashapp, Venmo