

South County Youth Association, Inc. (SCYA)
PARTICIPANT CONTRACT / MEDICAL RELEASE & LIABILITY WAIVER

Participant's Name _____ Birth Date _____ Age _____ Male Female
School Attending _____ Sport _____
Mother/Guardian Name _____ Father/Guardian Name _____

Current Address

Street Address _____
City/State/Zip _____
Home Phone _____
E-mail Address _____

Mailing Address (if different)

Street Address/P.O. Box _____
City/State/Zip _____
Mother's Cell Phone _____
Father's Cell Phone _____

Medical Conditions

Please list any medical conditions your child may have with instructions for treatment if necessary. (*i.e. Allergy to Bee Stings, needs Epi-Pen Injection; Asthma, needs inhaler*) Please be sure to speak to your child's coach about this as well.

Emergency Contacts (if parent/guardian cannot be reached)

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____
Physician _____ Phone _____

Medical Insurance Information

Medical Insurance Company _____ Phone _____
Policy Holder's Name/Relationship _____ Policy Number _____

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT (PLAYER/COACH/REFEREE) CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY/ILLNESS WILL BE BASED ON INFORMATION PROVIDED HEREIN.

I the undersigned (if participant is 18 years of age or older) or parent/guardian of the above listed minor participant acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue South County Youth Association, Inc., its affiliated organizations and sponsors, their coaches, managers, employees and associated personnel, officers, directors, agents, including the owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The participant is physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasee from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasee because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasee. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alteration without the express written consent from SCYA will cause the participant to be removed from the Program.

I the undersigned (if participant is 18 years of age or older) or parent/guardian of the above listed minor participant agree to be responsible for all equipment and uniforms issued. I further agree to return all equipment/uniforms at the conclusion of the above-indicated season. These items will be returned clean and in a usable condition. Those items damaged due to neglect will be paid for by me at 75% of the total value. If all items are not returned within 30 days of the conclusion of the season, the uniform deposit fee will be forfeited. It is further agreed that the participant and parents/guardians will abide by all rules, policies and regulations set forth by SCYA and the league in which they will participate.

Parent/Guardian Signature _____ Date _____
(required if participant is under the age of 18)

Participant's Signature _____ Date _____