DSA PLAYER INFORMATION
AND MEDICAL RELEASE FORM

Player's Name _____

Sex: _____U.S. Citizen Yes _____No _____ Date of Birth: _____

Address: _____

City: _____State_____ Zip Code: _____

Mom´s Name: _____Phone Number:_____

Mom´s email:_____

Dad´s Name: _____Phone Number:_____

Dad´s email :_____

Emergency phone number other than Parent/Guardian

Name: _____Phone: _____

Primary Medical Insurance Company: _____ Policy Number: _____

Known allergies or other pertinent medical information:_____

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment caused during practice or games with DSA or because the field conditions.

I understand treatment for injury will be based on information provided herein.

I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted.

I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the DSA Diamonds Soccer Academy, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

Parent/Guardian Name: _____

Signature of Parent/guardian: _____**Date:** _____

PARENTS AND PLAYER CONTRACT

We require that you treat the honor of representing the DSA family with the respect it deserves. Please always remember, as a representative of our program, you have now become a role model for other players.

PLAYER CONTRACT As a DSA Diamonds Soccer Academy PLAYER:

1. I agree to attend scheduled training sessions, games, and other activities. Persistent nonattendance will result in dismissal from the program. A player's first responsibility, however, is still to his/her club team during the scheduled league season.
2. I agree to show a willingness to accept instruction in a positive manner with an attitude conducive to continued development of technical and tactical skills.
3. I agree to conduct myself in a manner that is in keeping with always representing the DSA and never to discredit the league or its programs.
4. I agree to act in a manner consistent with the meaning of sportsmanship and fair play towards teammates, coaches, referees, parents, spectators, and all others that I have contact with.
5. I agree that when participating in any DSA event I will abide by the rules of the Academy, League and any guidelines set down by DSA Coaches.
6. I am aware that substance use, or possession of drugs, alcohol or tobacco is cause for immediate dismissal from the program.
7. I am aware that irresponsible or disruptive behavior is the cause for immediate dismissal from the program.
8. I am aware that receiving a red card while representing any of the league's programs, I shall be suspended from the DSA Select PDP pending resolution of the matter by the League Arbitration Board.

PARENT CONTRACT As a DSA Diamonds Soccer Academy PLAYER'S PARENT:

1. I agree to encourage my child to abide by the responsibilities of participating in the program.
2. I accept the coaching staff and I will not question their judgement.
3. I agree to be enthusiastic, courteous and display sportsmanship as a spectator with players and referees.
4. I agree to deal with any problems that may arise in a calm, rational and confidential manner.
5. I agree to support the DSA Staff decisions. And I agree to stay always in the parents' zone.
6. I understand if we can't make a practice because the weather conditions for the player's safety.
7. I understand the importance of submitting all the required paperwork, PAYMENTS, fees and will do so in a timely manner. If I don't make the payment, I will have an additional fee of 35$ over my current payment.
8. If I have 2 months without payments my son can't participate in practice or games with the team.
9. If I decide to cancel my membership, I should notify DSA 15 days before they proceed with my automatic payment, otherwise they won't be able to make a refund.

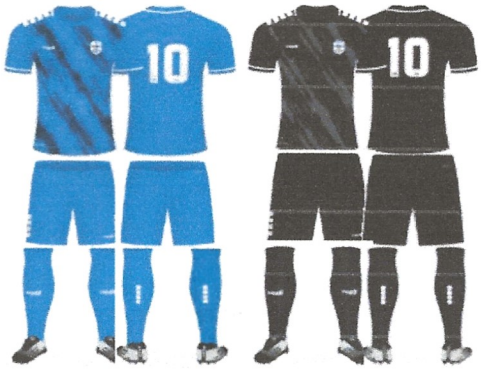
PARENT'S SIGNATURE_____ ***PARENT'S NAME***_____

PLAYER'S NAME_____ **DATE OF BIRTH**_____

UNIFORMS DSA - CAPELLI SPORTS

TOTAL PACKAGE : 335$ (You need to order immediately – Ask for the link)

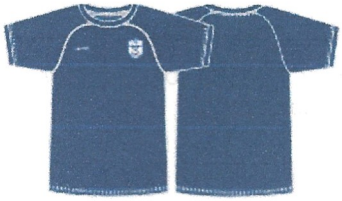
PLAYERS NAME_____ PARENTS SIGNATURE_____



2 player uniforms (shirt, shorts and socks)

or

2 goalkeeper uniforms (shirt, shorts and socks)



2 Training T-Shirt +

1 Polo +

1 sweater +

1 Backpack

LEAGUES & TOURNAMENTS

Our Academy participates in Leagues and Tournaments throughout the season, this is an OPTIONAL activity (not mandatory) but has an extra cost.

If you would like more information, please contact us at 321-888-98-24

Nuestra Academia participa en Ligas y Torneos durante toda la temporada, esto es una actividad OPCIONAL (no obligatoria) pero tiene un costo extra.

Si usted desea más información,
por favor comuníquese con nosotros al teléfono 321-888-98-24

e-Payment Authorization

USE BLACK INK ONLY - DO NOT HIGHLIGHT

This document contains confidential financial information and will be properly shredded after payment has been processed by this office. Electronic storage of payment information is only permitted by signed authorization below which may be retracted at any time by written request by the authorized party.

PLAYER´S NAME: _____

PARENT´S/GUARDIAN NAME: _____

Payment by Card *(card holder name and billing address required below)*

Card Type: ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Credit Card Number: V Code*

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐

* 3-digit number on back of VISA, MasterCard and Discover cards.
4-digit number on front right side of American Express card.

NOTICE: *For security and verification purposes, all credit card payments must include the 3- or 4-digit CVV2 code (V Code) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.*

Credit Card Expiration Date: Month: ☐☐ Year: ☐☐☐☐

Order Information *(required)*

Name of the Financia Institution (Bank): _____

Card Holder Information:

Name as it appears on the account. _____

Billing Address _____

City _____ State ☐☐ Zip Code ☐☐☐☐☐

Telephone _____

Payment Authorization *(required)*

I authorize the DSA Diamonds Soccer Academy Corp to bill the monthly payments and/or other fees for uniforms or tournaments to be charged to my account/card.

PARENT/GUARDIAN NAME: _____ AUTHORIZED SIGNATURE: _____