

**Daniel Island Soccer Academy, Inc.  
2018-2019 Season Try-Out Waiver**

\$25 Try-out and Evaluation fee at the field.

***Bring this completed form and cash or check to try-outs.***

You will receive a BIB number to be worn on shorts.

[www.disacademy.org](http://www.disacademy.org)

2001	U18	Please indicate age group your child is trying out for:
2002	U17	
2003	U16	
2004	U15	
2005	U14	BIB #:
2006	U13	
2007	U12	
2008	U11	Amt Paid:
2009	U10	
2010	U9	
2011	U8	

**Primary Parent/ Guardian Information**

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_

**Additional Parent/ Guardian Information**

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone# \_\_\_\_\_ Mobile Phone# \_\_\_\_\_ Work# \_\_\_\_\_

Email \_\_\_\_\_

**Player Information**

Name \_\_\_\_\_ Address, City, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

School \_\_\_\_\_ Grade for Fall \_\_\_\_\_ Current DISA Player? \_\_\_\_\_ Previous Team \_\_\_\_\_

Previous Coach \_\_\_\_\_ Positions Played \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

**\*You will still be required to sign-up online in order to receive an offer for a spot on a team.**

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Player Name: \_\_\_\_\_ Player Age \_\_\_\_\_

In consideration of your acceptance of me or my child as named above as a participant in Daniel Island Soccer Academy, Inc. ("DISA"), I hereby waive, release absolve, indemnify and agree to hold harmless: DISA, including its Members, directors, officers, organizers, sponsors, coaches, referees, supervisors, participants, volunteers and persons transporting my child to or from activities from and against any claim for liability, expense, damages, causes of action, injury or harm suffered by me or my child incidental to, connected with or arising out of DISA activities. I give my approval to my child's participation in all activities described above and/or listed in prior mailings, handouts and websites.

I understand that the program described for which I give my permission may be hazardous and that injuries may occur in the normal course of play or instruction, and I assume all risks and hazards incidental to me or my child's participation, including transportation to and from DISA activities.

I understand and authorize that team rosters will be distributed to players and coaches with personal information including but not limited to parent and player names, addresses and phone numbers.

I understand and authorize that player photos including names may be published in, but not limited to, local newspapers, tournament programs and DISA promotional materials. I understand and authorize that participants do and must become members of the South Carolina Youth Soccer Association ("SCYSA") along with attendant benefits and responsibilities.

I agree that we will abide by the by-laws, rules, procedures, and decisions as adopted from time to time by DISA and SCYSA and/or its agents. I agree that some or all private information I submit to DISA will be transmitted to SCYSA. Registration for tryouts is only complete upon receipt of the tryout fee. Registration with DISA becomes final upon assignment to a team and submission of playing contract and deposit. There is no refund of tryout fees.

I certify to the best of my knowledge that my child has no physical infirmities or allergies except as noted:

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(Please list any condition(s) of which you or your doctor is aware)

I understand that no medical or health insurance coverage is provided by DISA and that I, as parent/guardian of my child, am responsible for all medical and insurance costs. Further, I hereby consent to emergency medical care for my child.

I hereby represent that I have read and understand the above and have been given an opportunity to ask questions, and if so, they have been answered satisfactorily. I hereby execute this Release and Understanding fully and with no reservations. Signature of player

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(parent or guardian if under 18 years of age)

Date: \_\_\_\_\_