



DSE PLAYER APPLICATION

Program Choice:

Team Tour () Trip Dates: _____

Individual Training Camp: 10 days () 20 days () 30 days () Other () _____

() Cruzeiro Esporte clube

() Desportivo Brasil

() Atletico Paranaense

() Oscar Inn Soccer Academy

Name: _____ Age: _____

Date of birth (m/d/y): _____ Sex: M () F () Nationality: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Number : () _____ Cell: () _____

E-mail address: _____

Club Name: _____ Player Position: _____

Coach's Name: _____ Coach's Phone: () _____

Emergency Contact Name: _____

Contact number: () _____ e-mail: _____

Briefly describe what you would like to get out of this trip?

(Small comments box here)

I would like a () Trip T-shirt (\$20) () DSE Polo (\$30)

Signature of Player (Type your complete name)

Date

ELECTRONIC SIGNATURE WILL BE EQUIVALENT AS TYPING YOUR COMPLETE NAME

Signature of Parent or Guardian (Type your complete name)

Date

If you prefer to print out the form and mail in your registration please download in PDF and mail it to DSE- DELIMA SOCCER ENTERPRISES, 6000 Thistledown Drive, Pensacola, FL, 32505

**MEDICAL RELEASE AND
HOLD HARMLESS AGREEMENT FOR PLAYERS / COACHES**

Insurance Company: _____

Insurance Company Address: _____

Policy Number: _____

Policy Holder: _____

Relationship to player: _____

Emergency contact: _____

Phone Number of emergency contact: (850) _____

E-mail of emergency contact: _____

We verify that the player/coach listed below has been checked by a licensed Physician and is physically able to participate in the DSE Soccer Training Programs. We agree to allow the player/coach to be treated by a licensed Physician while attending, if necessary, and to assume all costs related to such treatment. We authorize our insurance company to pay all benefits. Also, we authorize the disclosure of medical information to our insurance Company for the purpose of claim(s).

Hold Harmless Agreement: We and our heirs hereby release DELIMA SOCCER ENTERPRISES, Inc., its employees, officers and agents from any Liability for damages to or loss of personal property, loss of money, sickness or death, etc., for which is not culpable, which might occur while the Player/coach is participating in the DELIMA SOCCER ENTERPRISES, Inc. Training Program(s).

Signature of Player/Coach

Date

Signature of Parent or Legal Guardian

Date

ELECTRONIC SIGNATURE WILL BE EQUIVALENT AS TYPING YOUR COMPLETE NAME

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