



Age group:

(U5_)(U6_)(U7_)(U8_)(U9_)(U10_)(U11_)(U12_)(U13_)(U14_)(U16_)(U17_)(U18_)

UNIFORM: YS YM YL AS AM AL Shirt _____ Shorts _____ Socks _____

Paid: _____ Check/Money Order #: _____

Received by: _____

2008-2009 Season

Player Pass No. _____

Player Name _____
Last Name First Name Initial

Phones _____
Home Work Mobile

Home Address _____

City _____ Zip _____

Gender _____ Birth Date ____/____/____ Verif. _____ HS Grad Year _____ Citizen _____
mm/dd/yyyy

Email Address _____

Parent/Guardian Name _____

INFORMED CONSENT/INSURANCE NOTICE

FYSA RECOMMENDS THAT PLAYERS NOT REGISTER TO A TEAM WHOSE AGE GROUP EXCEEDS THE PLAYER'S NORMAL AGE. It is FYSA's policy that all players compete at a level they are capable of both physically and developmentally. For a player to move up more than one normal age grouping will require approval from the affiliate's director of coaching or agent of record, and the FYSA Director of Coaching.

INSURANCE NOTICE: All injuries must be reported within 90 days of the date of the injury.

INFORMED CONSENT: I, the above named participant (or parent of the above named participant), acknowledge that I am completely aware of the inherent risks associated with soccer, and hereby waive, release, and discharge the state association (FYSA) and all of its affiliated organizations, as well as their officers, directors, employees and agents (collectively, the "Released Parties"), from any and all liability and responsibility in the event that I (or my child) become injured in any way during my participation (or my child's participation) in soccer events or activities associated with the Released Parties. I further state that I take full responsibility for any injury that may occur as a result of my participation (or my child's participation), and that I will not hold the Released Parties responsible for any aggravation of preexisting injuries prior to or during my participation (or my child's participation) in any soccer events or activities associated with the Released Parties.

Parent/Guardian Signature _____ Date _____

**** PLEASE NOTE ONLY THE PARENT OR LEGAL GUARDIAN OF CHILD MAY COMPLETE REGISTRATION. ****

Complete this section ONLY if this form will be sent to the FYSA office to register the player:
District B5 Club ROC Team Code _____ League BYS
Registrar Signature _____ Date _____

**ALL players must submit a photo copy of their birth certificate at the time of registration.*