**2017-2018 Season**

**Coral Estates Soccer Club**

**Player Registration Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRINT  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 that 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 parent/guardian of the registrant, agree that we will abide by the rules of **(CLUB NAME)**, the state association (FYSA) and all its affiliated organizations. My/our child wishes to participate in soccer during the season of this registration. I/we realize risks are involved in my/our child’s participation. I/we understand that the risk to my/our child includes full range of injuries from minor to severe, and the result could be death, paralysis, or other serious, permanent disability. I/we accept this risk as a condition of my/our child’s participation.

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Guardian Signature |  | Date |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Complete this section ONLY if this form will be sent to the FYSA office to register the player: | | | | | | | | | | | | |
| District | A1 | | Club | CES | Team Code |  | League |  | |  | | |
|  |  | |  |  |  |  |  |  | | | | |
| Registrar  Signature | |  | | | | | | | Date | |  |  |
|  | | | | | | | | | | | | |