

**WINTER HAVEN YOUTH SOCCER ASSOCIATION
Player Registration Form**

Player Pass No. _____

Player Name _____
Last Name First Name Initial

Phones _____
Home Work Mobile

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.

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 Winter Haven Youth Soccer Association, the state association (FYSA) and all its affiliated organizations. My child wishes to participate in soccer during the season of this registration. I realize risks are involved in my child's participation. I understand that the risk to my child includes full range of injuries from minor to severe, and the result could be death, paralysis, or other serious, permanent disability. I accept this risk as a condition of my 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 _____ Club _____ Team Code _____ League _____

Registrar
Signature _____ Date _____