



2010-2011 Season

### Space Coast United 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 \_\_\_\_\_

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 parent/guardian of the registrant, agree that we will abide by the rules of Space Coast United Soccer Club, 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 \_\_\_\_\_ Club \_\_\_\_\_ Team Code \_\_\_\_\_ League \_\_\_\_\_  
Registrar Signature \_\_\_\_\_ Date \_\_\_\_\_