2010-2011 Season
FLORIDA SOCCER CLUB/TEMPLE TERRACE 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
(please print clearly) _____

Parent/
Guardian Name/s _____

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 FSC/TTSA, 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. I give permission for representatives of FSC/TTSA to secure medical treatment for my child in the event the parents cannot be contacted and such treatment is deemed necessary. There will be NO REFUNDS.

LIST ANY KNOWN ALLERGIES/MEDICAL CONDITIONS: _____

EMERGENCY CONTACT: _____ PHONE #:_____
(other than parent)

I DO NOT give TTSA permission to use photos of my child on their website.
CHECK HERE

Parent/Guardian
Signature Date

AGE ON AUGUST 1, 2009 _____ # OF YEARS PLAYED _____PLAYER RATING _____
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Circle uniform size:

Shirt: XS YS YM YL YXL AS AM AL AXL

Short: XS YS YM YL YXL AS AM AL AXL

PLEASE FILL IN # THAT BEST DESCRIBES THE PLAYER
5 – Experienced player w/ good skill
4 – Above average player
3 – Average player
2 – Below average player
1 – New player w/ no experience