

PINECREST PREMIER SOCCER CLUB

Recreational Player Registration Form

2009-2010 Season

Player Status: New Returning
Circle One

Last Coach

[Empty box for Last Coach]

Player Name

Last Name

First Name

Initial

Phones

Home

Work

Mobile

Address

City

Zip

Gender

Birth Date

Age

Verified

Citizen

mm/dd/yyyy

Email Address

Parent/

Guardian Name

Fathers Occupation

Mothers Occupation

SCHOOL ATTENDING

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 (PINECREST PREMIER 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

A1

Club

PSC

Team Code

League

Registrar

Signature

Date

Please fill out registration form and send with payment to **Pinecrest Premier Soccer Club**
11511 South Dixie Hwy, Pinecrest, Fl 33156