

PINECREST PREMIER SOCCER CLUB RECREATIONAL

2010-2011 Player Registration Form

PINECREST PREMIER, INC. is a non-profit corporation managed and directed by volunteers on behalf of community youth. The Club actively pursues sponsorships, underwriting and grants to offset our actual costs of operation and to keep our fees to parents at a minimum.

POLICIES AND PROCEDURES

Best efforts will be made to accommodate a request by the named player to play on a specific team or coach, with final determination by PINECREST PREMIER. No refunds are allowed except for medical emergencies.

WAIVER OF LIABILITY AND DISCLAIMER

I, the parent or legal guardian of the named player below, acknowledge that I am completely aware of the inherent risks associated with soccer, and hereby waive, release, and discharge the state association (Florida Youth Soccer Association, Inc, "FYSA") and all of its affiliated organizations, Pinecrest Premier Soccer, Inc. as well as their officers, directors, employees and agents (collectively, the "Released Parties"), from any and all liability and responsibility in the event that I become injured in any way during my participation in soccer events or activities associated with the Released Parties. I further state that I take full responsibility for any injury that may occur as a result of my participation, and that I will not hold the Released Parties responsible for any aggravation of preexisting injuries prior to or during my participation in any soccer events or activities associated with the Released Parties.

EMERGENCY AUTHORIZATION

I, the parent or legal guardian of the named player, authorize PINECREST PREMIER, INC., its volunteers, employees or representatives to act as my agent(s) to consent to medical, surgical or dental examination and/or treatment at a hospital or other health facility in an emergency where I can not be reached. I verify the named player has no injury, or other condition which would affect their ability to participate, or that I have advised in writing this organization of that condition, including my physician's name, and confirm the ability of the named player to participate regardless.

ACKNOWLEDGEMENT AND CONSENT

I have read and understood the policies and procedures of PINECREST PREMIER, INC., and verify all information provided herein in all manner is true and correct. I affirm the named player is covered by primary health insurance. I agree/consent to the internal and external use by PINECREST PREMIER, and/or its affiliates of mailing address, photographs of the named player, with no compensation.

PROGRAM FEES

Registration Fee: \$ 195.00 for all players

**All fees include participation award, Uniform, practice shirt and registration fees to the state.*

***\$15 sibling discount to second child*

RESPONSIBILITIES AND PLEDGE

As parent/guardian I agree the primary focus of PINECREST PREMIER, INC. must be my named player, and want it to make all possible effort to ensure the time spent learning and playing soccer is positive and rewarding for the player. I/we agree no negative, loud or abusive comments will be made at any time about/to any referee, coach, or any player or other parents during practices or games. I/we agree we will maintain a positive attitude towards the named player and the game at all times, and agree the game is played by, for and on behalf of our children. For an entire list of code of conduct, please visit our website. www.pinecrestpremier.us/code/index_ehtml

Please let us know if your high school student would like to support PINECREST PREMIER, INC., and fulfill Community Service Hour requirements.

PINECREST PREMIER SOCCER CLUB
Recreational Player Registration Form
2010-2011 Season

Player Status: New Returning
Circle One

Last Coach

Player Name

Last Name
*(As it appears on
Birth Certificate)*

First Name
*(As it appears on
Birth Certificate)*

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

GRADE

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 PSC

Registrar

Signature

Date

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

CREDIT CARD # _____ EXP DATE _____ CK# _____ AMT _____