

**PINECREST PREMIER SOCCER CLUB**  
**Competitive Player Registration Form**  
**2011- 2012 Season**

Age Group \_\_\_\_\_

Coach \_\_\_\_\_

Team Color \_\_\_\_\_

Player Status: New    Returning    Transfer

Circle One

Player Name \_\_\_\_\_

Last Name  
(As it appears on Birth Certificate)

First Name  
(As it appears on Birth Certificate)

Middle Initial

Address : \_\_\_\_\_ Phone Contact #1 \_\_\_\_\_

Name /Relationship

Phone Number

Zip \_\_\_\_\_ Phone Contact #2 \_\_\_\_\_

Name /Relationship

Phone Number

Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Verified \_\_\_\_\_ Citizen \_\_\_\_\_

mm/dd/yyyy

E Mail Address: \_\_\_\_\_ School Attending \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Mother's Occupation: \_\_\_\_\_

**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.

Players are not permitted to be registered with more than one affiliate at the same time.

**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 I/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 that risks are involved in my/our child's participation. I/we understand that the risk to my/our child includes a 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: \_\_\_\_\_

Please fill out the registration form and send with payment to:

This section to be completed by Club Registrar

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: \_\_\_\_\_

**Pinecrest Premier Soccer Club 11511 S. Dixie Highway, Pinecrest, FL 33156**

CREDIT CARD # \_\_\_\_\_ EXP DATE \_\_\_\_\_ OR Ck # \_\_\_\_\_ AMT \_\_\_\_\_

Credit Card Authorization Signature: \_\_\_\_\_