

**PINECREST PREMIER SOCCER CLUB COMPETITIVE
2009/2010 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. PINECREST PREMIER does not receive any Federal, State, County, City or Village operating funding or support in any capacity, and therefore relies completely on the support of our parents, businesses and others to continue providing this valuable community service to your children.

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.

CLUB REGISTRATION FOR A TRAVEL/ COMPETITIVE PLAYER \$420.00

COACHES FEES They are the responsibility of each team. Pinecrest Premier will secure a coach at the player's expense. Fees can range from \$50 -\$100 per month per player.

EQUIPMENT: *Uniforms and practice shirts are included in registration for all players.*

ADDITIONAL INFORMATION:

* \$20 sibling discount will be available for each additional child after first full registration is paid.

** Two passport size photos check, and a notarized medical release waiver must be returned with registration forms. If previously registered with FYSA, no birth certificate is needed.

* ** Players with foreign birth certificates need US school report cards prior to the players 12th birthday

* *** Additional fees may be required in the event lighted fields need to be secured.

* **** Tournament and referee fees are also an additional cost per player.

RESPONSIBILITIES AND PLEDGE:

As parent/guardian I agree the primary focus of PINECREST PREMIER, INC. is to ensure that the time spent learning and playing soccer is positive and rewarding for the player. I/We also understand that at the competitive level every effort will be made to play your child, however it is up to the coach to decide if a child plays or does not. **There are no guarantees of playing time.** 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.

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 and or email address, photographs or any other means of electronic communication of the named player, with no compensation.

Player Name _____ **Age Group** _____

Parent/Guardian Signature _____

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www.Pinecrestpremier.us