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AYSL use only		

# Azalea Youth Soccer League Club Registration



Player Status:  New  Returning  Transfer

### PLAYER DATA (PLEASE PRINT LEGIBLY)

Player: First name \_\_\_\_\_ Last name \_\_\_\_\_

Birth date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Age Group: U \_\_\_\_\_  Male  Female

Parent/Guardian: First name \_\_\_\_\_ Last name \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Coach's Name: \_\_\_\_\_

Most recent registration: \_\_\_\_\_ When \_\_\_\_\_

### INFORMED CONSENT (PARENT SIGNATURE REQUIRED)

I, the parent/guardian of the registrant, acknowledge that I am completely aware of the inherent risks associated with soccer, and hereby waive, release and discharge the Florida Youth Soccer Association (FYSA) and all of its affiliated organizations, as well as their officers, directors, employees and agents (collectively, the "Released Parties"), from any and all liability and responsibility in the event my minor child, named above, becomes injured in any way during their participation in soccer events or activities associated with the Released Parties. I further state that I and/or my child takes full responsibility for any injury that may occur as a result of my child's participation, and that neither I nor my child will hold the Released Parties responsible for any aggravation of pre-existing injuries prior to or during my child's participation in any soccer events or activities associated with the Released Parties.

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### INSURANCE NOTICE

All injuries must be reported within 90 days of the date of the injury. Benefits will be provided for eligible expenses not paid by other health insurance plans after the FYSA deductible has been satisfied.

Do you have other medical insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

### FOR AYSL USE ONLY

TOTAL FEES \_\_\_\_\_ AMOUNT COLLECTED \_\_\_\_\_

PAYMENT METHOD \_\_\_\_\_ BALANCE DUE \_\_\_\_\_

HOLD HARMLESS SIGNED AND NOTARIZED? \_\_\_\_\_ YES \_\_\_\_\_ NO BIRTHDATE VERIFIED? \_\_\_\_\_ Y \_\_\_\_\_ N

CLUB REGISTRAR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_