

Azalea Youth Soccer League Registration Application (Recreation)



Player Status: New Returning Transfer

PLAYER DATA (PLEASE PRINT LEGIBLY)

Player: First name _____ Last name _____

Birth date: ___/___/___ Age: _____ Age Group: U_____ Male Female

U8 Girls (only) - check one: Coed League All-girls League

Parent/Guardian: First name _____ Last name _____

Address: _____ City: _____ Zip _____

Phone: Home _____ Cell _____

Email address: _____

Emergency contact: _____ Phone: _____

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: _____

COACH/SPONSOR

If interested in volunteering as a coach or in sponsoring a team, please check below.

Coach Assistant Coach Sponsor

FOR AYSL USE ONLY

Amount Due: \$ _____

Registration Fee Paid

Check Number _____

Volunteer Deposit Paid

N/A Check Number _____

Birth date verified

Reviewer initials _____

Date ___/___/___

City ID# _____

Note: _____