



PLAYER ELECTRONIC REGISTRATION

LAST NAME _____

FIRST NAME _____

MIDDLE INITIAL _____

DATE OF BIRTH _____

ADDRESS _____

CITY _____

ZIP _____

TEL# _____

Did you play competitive soccer last year _____ if yes ... Where _____

INSURANCE NOTICE

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

Do you have other medical/dental insurance? Yes _____ No _____
(If yes, please identify name of insurance company _____ Policy# _____)

Fees – there is a City Registration fee (\$125 for Sunrise residents/\$175 outside the City) that is payable to the City of Sunrise. If a player is carded and is subsequently released before the season ends, there is a \$250 charge. Any other fees and/or expenses are team fees for team expenses. Contact your team manager or coach for details on that.

INFORMED CONSENT

I, _____ (Name), acknowledge that I am completely aware of the inherent risks associated with soccer, and hereby waive, release, and discharge the state association (FYSA) and all of its affiliated organizations, as well as their officers, directors, employees, agents, volunteers (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.

Player Signature _____

Parent Signature _____

Date: _____