

Player Pass No. _____

Player Name _____
Last Name First Name Initial

Phones _____
Home Work Mobile

Address _____

City _____ Zip _____

Gender _____ Birth Date: / / Verif. _____ HS Grad Year _____ Citizen _____
mm/dd/yyyy

Email Address _____

Parent/
Guardian Name _____

INFORMED CONSENT/INSURANCE NOTICE

FYSA RECOMMENDS THAT PLAYERS NOT REGISTER TO A TEAM WHOSE AGE GROUP EXCEEDS THE PLAYER'S NORMAL AGE.

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 we will abide by the rules of South Florida Elite FC, 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 risks are involved in my/our child's participation. I/we understand that the risk to my/our child includes 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 _____

Complete this section ONLY if this form will be sent to the FYSA office to register the player.

District _____ Club _____ Team Code _____ League _____

Registrar
Signature _____ Date _____

SCHULZ ACADEMY
10707 SAN BERNARDINO WAY
BOCA RATON, FL 33428