



NATURE COAST SOCCER CLUB

Where it's about ALL the Players!

2018-2019 Season

TOPS Soccer Player Registration Form



Player Name _____
First Name Middle Last Name

____ Male ____ Female Date of Birth _____ Age _____ Verified (Y/N) ____ Citizen (Y/N) ____

Address _____ City _____ Zip _____

Telephone (Mobile) _____ Telephone (Home) _____ Telephone (Work) _____

Email Address (one you check on a regular basis) _____

Mothers Name _____ Phone _____ Fathers Name _____ Phone _____

Mothers Email _____

Fathers Email _____

Returning Player ____ Yes ____ No

Shirt Size _____

INFORMED CONSENT/INSURANCE NOTICE

FYSA RECOMMENDS THAT PLAYERS NOT REGISTER TO A TEAM WHOSE AGE GROUP EXCEEDS THE PLAYER'S NORMAL AGE. It is FYSA's policy that all players compete at a level they are capable of both physically and developmentally. For a player to move up more than one normal age grouping will require approval from the affiliate's director of coaching or agent of record, and the FYSA director of coaching.

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 Nature Coast Soccer Club, 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 _____

Registrar/Board member Signature _____ Date _____