



TOF PLAYER REGISTRATION FORM

(Please Print)

Program (Circle One): Instructional / Select

Player Name _____
Last Name _____ First Name _____ Initial _____

Parent /Guardian: _____

Primary Phone _____

Home Address _____

City _____ Zip _____

Gender(M/F) _____ DOB (MM/DD/YY) _____

Email Address _____

Jersey size: YXS YS YM YL AS AM AL AXL (we have been told the uniforms run large)

This player is a: very good, average, beginner soccer player (Circle One)

Parents' Volunteer Interests: Coach Asst Coach Team Sponsor Assist TOF

Special Requests: _____

Emergency Contact(Name/Ph) _____

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 that 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 Top of Florida 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 _____

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 _____