New Player ____
Returning Player _____
Team/Program _____

20__-20__ Season

Cutler Ridge Soccer Club
Player Registration Form

Player Pass No. _____

Player Name _____ (Last Name) _____ (First Name) _____ (Initial)

Phones _____ (Home) _____ (Work) _____ (Mobile)

Home Address _____

City/Zip _____

Last Club Registered To/When _____ _____

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

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. 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 **Cutler Ridge 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 _____

Fee:		Amt.Pd.		Cash/Check		Amt. Due.		Uniform Size
Registrar Signature						Date		