

2020-2021 Season  
Manasota Youth Soccer League  
Player Registration Form

Player Pass No. \_\_\_\_\_

Player Name \_\_\_\_\_  
Last Name First Name Initial

Phone \_\_\_\_\_  
Home Work Mobile

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Gender \_\_\_\_\_ Birth Date \_\_\_\_\_ Verify \_\_\_\_\_ 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 PLAYERS 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.

Players are not permitted to be registered with more than one affiliate at the same time.

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 Manasota Youth Soccer League, 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 understate that the risk to my/our child includes full range of injuries from minor to severe, and the results 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 \_\_\_\_\_