

CENTRAL BREVARD SOCCER

Player Registration Form

2008-2009 Season

Player Name: _____ M or F Player's age: _____ Date of birth: ____/____/____	New player / Returning Player / Transfer (circle one) FYSA Player Pass Number: _____ Prior Season Coach: _____ Area: North, South, East, Beach, Competitive
Parent/Guardian Names: _____ Address: _____ City: _____ State: ____ Zip: _____ Phone Numbers day: _____ evening: _____ cell: _____ email-1: _____ email-2: _____	
Insurance Notice All injuries must be reported within 90 days of the date of injury. Benefits will be provided for eligible expenses not paid by other health insurance plans after the FYSA deductible has been satisfied. Do you have other medical insurance? Y or N If yes, please identify the name of insurance company: _____ Insurance policy number: _____	
Informed Consent I, the parent/guardian of the registrant, acknowledge that I am completely aware of the inherent risks associated with soccer, and hereby waive, release, and discharge the state association (FYSA) and all of its affiliated organizations, as well as their officer, directors, employees and agents (collectively, the "Released Parties"), from any and all liability and responsibility in the event that my minor child, _____ (insert child's name), becomes injured in any way during their participation in soccer events or activities associated with the Released Parties. I further state that I and/or my child takes full responsibility for any injury that may occur as a result of my child's participation, and that neither I nor my child will hold the Released Parties responsible for any aggravation of pre-existing injuries prior to or during my child's participation in any soccer events or activities associated with the Released Parties.	
Player signature: _____ Date: _____ Parent/Guardian signature: _____ Date: _____ Club registrar signature: _____ Date: _____	
Discounts & Rebates: () - \$5 Sibling Discount for second and subsequent players in same household () - \$15 I will be head coach for my child's recreational team. My name is: _____ **Discount for head coach will applied during registration of child	
Office Use Only: Payment Method: CASH CHECK CREDIT CARD (circle one) Age Group: _____ Total Fees: _____ Amount Collected: _____ Balance Due: _____	