

Nature Coast Lightning – Competitive Registration

2010-2011 Player Registration Form

Nature Coast Soccer Competitive Registration

Coach Name _____

Player Pass No. _____

Player First Name _____ **Last** _____

Player Birth Month _____ **Day** _____ **Year** _____ **Age Group** _____ **Sex M / F**

Did you play soccer last year? Yes/No If so, where _____

Contact Information:

Best Main Phone Contact # _____

Secondary Phone # _____

Address _____

City _____ **State** _____ **Zip Code** _____

E-Mail

Address _____

Parent's/Legal Guardian's

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 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 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 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 the risk as a condition of my/our child's participation.

Parent/Guardian Signature _____ **Date** _____

Uniform Sizes:

Shirt _____ **Shorts** _____ **Socks** _____

League Registrar

Signature _____ **Date** _____