

**Competitive Soccer Registration
2008-2009 Season
Nature Coast Soccer League
Player Registration Form**

Player Pass No. _____

Player Name _____
Last Name First Name Initial

Phones _____
Home Work Mobile

Address _____

City _____ Zip _____

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

Email Address _____

Parent/
Guardian Name _____

Player Type: (Circle One) New Returning Transfer

Players Total Years Of Experience: _____

INFORMED CONSENT/INSURANCE NOTICE

FYSA RECOMMENDS THAT PLAYERS NOT REGISTER TO A TEAM WHOSE AGE GROUP EXCEEDS THE PLAYER'S NORMAL AGE.

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

Parent/Guardian
Signature _____ Date _____

I hereby authorize NCSL to photograph above child during the 2008-2009 Season for league use in local papers and league promotions.

Parent/Guardian
Signature _____ Date _____

UNIFORM:

Jersey Size: (Circle One)

YS YM YL AS AM AL AXL

Short Size: (Circle One)

YS YM YL AS AM AL AXL