



2010 - 2011 Season

SOUTHSIDE YOUTH SOCCER LEAGUE

Registration Form

Player Name _____
Last Name First Name Middle Initial

Male /Female _____ **Birth Date** _____ **Current Age** _____ **City Pass No.** _____
mm/dd/yyyy (Must be updated yearly with city)

Shirt Size _____ **Shorts Size** _____

Returning Player to Southside? Yes / No **Played Soccer Elsewhere?** Yes / No **Citizen?** Yes / No **HS Grad Year** _____

Phones Numbers _____
Home Work Mobile

Primary Parents Email Address _____

Address _____

City _____ **Zip** _____

List Siblings In League and Age _____

Volunteer Interests? _____

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 the **Southside 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 your 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/your child's participation.

Parent/Guardian Signature: _____

Print Parent/Guardian Name: _____

Date: _____

Completed by the Registrar

Payment Type _____ **Player Cost \$** _____ **Incl. Volunteer \$** _____ **Total \$ Received** _____
Cash/Check - #

Birth Certificate? _____ **Medical Release Form?** _____
** Verified by FYSA? (If not, a new copy will be required for registration.) ** Notarized? (If not, do not accept registration paperwork until completed.)

Notes: _____

Complete this section ONLY if this form will be sent to the FYSA office to register the player:

District **C2** **Player Pass No. if returning** _____ **Team Code** _____ **League** _____ **je Group (ex U6)** _____ **New**
Club **SOY** _____ **Returning**

Registrar Signature _____ **Date** _____