

REGISTRAR ONLY: Med Release _____ Birth Certificate _____ Age Group _____

CITRUS UNITED RECREATIONAL SOCCER SPRING 2018

New Returning Transfer \$40.00

Player Name (Last) _____ (First) _____ (Middle) _____

Gender M__ F__ Birth Date _____ Players Age _____

Parent\Guardian Name _____ Alternate Contact _____

Address _____

City _____ State _____ Zip _____

Phone Numbers: Work _____ Home _____ Cell _____

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 insurance health plans after the FYSA deductible has been satisfied

Do you have other medical Insurance _____ YES _____ NO

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 officers, directors, employees and agents (collectively, the "Released parties"), from any and all liability and responsibility in the event that my minor child, named above, 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 and 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: _____ Date: _____