

# 2018 FSC SPIRIT 'BACKYARD SOCCER'

**WHO:** All interested 4-10 year olds

**WHERE:** Hwy 301 Sports Complex

**WHEN:** 2/23, 3/2, 3/9, 3/23, 4/6 (rain out 4/13)

**@ 6:30pm - 7:30pm**

**REGISTRATION:** 2/3-10am-12noon & 2/7 6pm-8pm

**@ Temple Terrace Rec. Center**

**COST:** \$50.00 at registration/\$55.00 online

**(Includes: T-shirt and Games)**

For online registration link or more information on backyard soccer and the club go to [www.floridasoccerclub.org](http://www.floridasoccerclub.org)

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## 'BACKYARD SOCCER' REGISTRATION FORM

**Player Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Email** \_\_\_\_\_

**Age grp played 2017 fall season (circle):** 5U 6U 7U 8U 10U

**ACADEMY**

**COMPETITIVE**

**NEW PLAYER**

**T-Shirt Size (circle):** YS YM YL AS AM AL

**INFORMED CONSENT:** I, the parent/guardian of the registrant, agree that we will abide by the rules of FSC/TTSA, 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. I give permission for representatives of FSC/TTSA to secure medical treatment for my child in the event the parents cannot be contacted and such treatment is deemed necessary. There will be NO REFUNDS.

**LIST ANY KNOWN ALLERGIES/MEDICAL CONDITIONS:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

