

2019 FSC SPIRIT 'BACKYARD SOCCER'

WHO: All interested children – ages 3-11

WHERE: Hwy 301 Sports Complex

WHEN: 2/22, 3/1, 3/8, 3/29, 4/5, 4/12

@ 6:15pm - 7:15pm

REGISTRATION: 2/7 & 2/11

6:00pm-8:00pm @ Temple Terrace Rec. Center

And ONLINE starting 1/15/19 (go to www.floridasoccerclub.org for online link)

COST: \$55.00

(Includes: T-shirt and Games)

'BACKYARD SOCCER' REGISTRATION FORM

Player Name _____ **Age** _____

Address _____

City _____ **Zip** _____ **Phone#** _____

Email _____

MONTH AND BIRTH YEAR OF PLAYER _____

(Circle soccer experience) RECREATIONAL 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:** _____

