



**2020-2021 Season
Florida Soccer Club/TTSA
Player Registration Form**

Player Name _____
Last Name First Name Initial

Phones _____
Home Work Mobile

Home Address _____

City _____ Zip _____

Gender _____ Birth Date _____ HS Grad Year _____ Citizen _____
mm/dd/yyyy DOB Verified (club use)

Email Address _____

Parent/Guardian Name _____

INFORMED CONSENT/INSURANCE NOTICE

INSURANCE NOTICE: All injuries must be reported within 90 days of the date of the injury.

INFORMED CONSENT:

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.

I, the parent/guardian of the registrant, agree that we will abide by the rules of TTSA, FSC, the state association (FYSA) and all its affiliated organizations, City of Temple Terrace Parks & Recreation and/or Pasco County Parks & Recreation member requirements at all times. My/our child wishes to register and participate in youth soccer during the 2020/21 season of this registration. I/we realize risks are involved in my/our child's participation. I/we understand & acknowledge that the risk to my/our child may include exposure to illness from bacteria, virus or any other form of disease that may be communicable through youth sport activity. I also acknowledge and understand that the full range of injuries from minor to severe of which the result could be death, paralysis, or other serious, permanent disabilities. I/we accept this risk as a condition of my/our child's participation. I/we assume all risk and agree to hold harmless TTSA (Temple Terrace Soccer Association), FSC (Florida Soccer Club), FYSA (Florida Youth Soccer Association), City of Temple Terrace Parks & Recreation Department, Pasco County Parks & Recreation Department, its affiliates, employees, agents, board members and Directors & Officers from any suit or claim of liability which may occur as result of my child's participation in youth soccer, including but not limited to, participation in and travel to and from, practices, meetings, events, trainings, scrimmages, tournaments and games. I/we agree that this assumption of risk and release of liability is informed and voluntary. If for any reason I/we elect to transfer to another club during the current FYSA season I/we agree to pay TTSA/FSC a transfer fee of \$400. Any exceptions would need to come before the TTSA/FSC current board. I understand & acknowledge that TTSA & FSC have a NO REFUND POLICY.

Parent/Guardian Signature _____ Date _____