



ELITE SA/FYSA Player Registration Form

Player Name _____
Last Name First Name Initial

Phones _____
Home Cell (Father) Cell (Mother)

Player Cell & Email _____

Address _____

City _____ Zip _____

Gender _____ Birth Date _____ Verif. _____ HS Grad Year _____ Citizen _____

Parent/
Guardian Names _____

Parent/
Guardian Email _____

INFORMED CONSENT/INSURANCE NOTICE/ PHOTOGRAPHIC 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 (1) 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 injury. Parents/guardians are responsible for all medical costs incurred that are not covered by private and/or FYSA insurance. **ELITE SA** is not responsible.

Do you have medical insurance? _____ Yes _____ No (Parent/Guardian assumes risk & responsibility)

INFORMED CONSENT: I, the parent/guardian of the registrant, agree that we will abide by the rules of **ELITE SA**, 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.

PHOTOGRAPHIC CONSENT: I hereby consent to and authorize the use and reproduction by **ELITE SA** or anyone authorized by **ELITE SA**, of any and all photographs that have been taken of me and/or my child(ren) for any purpose, without compensation to me. **ELITE SA** reserves the right to use these photographs in any of its print or electronic publications.

Parent/Guardian
Signature _____ Date _____

District AN Club ESA Team Code _____ League _____

Registrar
Signature _____ Date _____