

# South Dade United, Inc.

## Player Status

New  Returning  Transfer

### Player Registration Form

Season: \_\_\_ - \_\_\_

Player Name: \_\_\_\_\_

Parent\Guardian Name: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_ Zip: \_\_\_\_\_

Phone Numbers: (Work) \_\_\_\_\_

(Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Player's SS# \_\_\_\_\_

Gender: M \_\_\_ F \_\_\_ Birth Date: \_\_\_\_\_ Birth Date Verified: Yes \_\_\_ No \_\_\_ Player's Age: \_\_\_

Team Assigned: \_\_\_\_\_

Coach Name: \_\_\_\_\_

Most recent registration: Where \_\_\_\_\_

When: \_\_\_\_\_

#### T-Shirt Size:

YS  YM  YL

AS  AM  AL  AXL

#### Short Size:

YS  YM  YL

AS  AM  AL  AXL

#### 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

If yes, please identify name of insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

#### 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 that 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: \_\_\_\_\_

#### Office use only

Total Fees: \_\_\_\_\_

Payment Method: \_\_\_\_\_ Amount Collected: \_\_\_\_\_ Balance: \_\_\_\_\_

Player Pass No: \_\_\_\_\_