

**Fort Myers Beach Soccer Club**  
**PLAYER REGISTRATION FORM 2010**

REGISTRATION DATE: \_\_\_\_\_ Player Pass # \_\_\_\_\_ 2010 Season: Under \_\_\_\_\_ Boys Girls

Age of player on July 31ST 2010: \_\_\_\_\_ Uniform Size: XS S M L XL DOB: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ M.I.: \_\_\_\_\_

STREET: (mom or dad) \_\_\_\_\_ TOWN: \_\_\_\_\_

FLORIDA ZIP: \_\_\_\_\_ HOME PHONE: MOM \_\_\_\_\_ DAD: \_\_\_\_\_

MOM NAME: \_\_\_\_\_ CEL #: \_\_\_\_\_

DAD NAME: \_\_\_\_\_ CEL #: \_\_\_\_\_

MOM EMPLOYER: \_\_\_\_\_ WORK #: \_\_\_\_\_

DAD EMPLOYER: \_\_\_\_\_ WORK #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_  
(FMBCS CORRESPONDS VIA EMAIL, PLEASE SUPPLY IF YOU HAVE AN EMAIL ADDRESS)

LCYSA RECOMMENDS THAT PLAYERS NOT REGISTER TO A TEAM WHOSE AGE GROUP EXCEEDS THE PLAYER'S NORMAL AGE. MUST BE UNDER GROUP AGE BY JULY 31ST TO PLAY WITH TEAM FOR EXAMPLE UNDER 12 AGE GROUP CHILDREN ARE NO OLDER THAN 11 ON OR BEFORE JULY 31ST YET MUST ALREADY BE 10 BY THEN!

**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 FYSA deductible has been satisfied.

Do you have medical/dental insurance? Yes No

If yes, Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**HOLD HARMLESS & PARENTAL APPROVAL TO PARTICIPATE IN LEAGUE PLAY**

I, the parent/guardian of the registrant, agree that we will abide by the rules of this club/league, the state association (FYSA) and all of its affiliated organizations (LCYSA). 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 a 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.

You may not participate in any scheduled competition, such as league play, until your player card is completed and accepted by your league. All codes for district, league and club on all sections of the card must be completed, photo attached, card laminated and verified. Cards must be in possession of coach for each and every league or tournament game.

**AUTHORITY:** Florida Youth Soccer Association (FYSA) By Laws & Rules and LCYSA Lee County Youth Soccer Assoc.

**PRINCIPAL PURPOSE:** To provide members with the services supplied by FYSA & LCYSA

**ROUTINE USES:** Information is used only to provide services per FYSA By-Laws & LCYSA

**DISCLOSURE IS VOLUNTARY:** Failure of the individual to provide age, address and telephone information may result in the services paid for not being provided. Information will not be used for individual gain.

Player: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Club Registrar: \_\_\_\_\_ Date: \_\_\_\_\_

AMOUNT PAID: \$ \_\_\_\_\_ METHOD OF PAYMENT: CASH CHECK # \_\_\_\_\_ COLLECTED BY: \_\_\_\_\_

FMBCS MUST KEEP A COPY OF EACH PLAYERS BIRTH CERTIFICATE ON FILE PER FYSA GUIDELINES.

Mail to: Beth Cherry 108 Bay Mar Drive FMB FL 33931

Check out the website for online registration

