



PLEASE PRINT LEGIBLY!!

Thank you!!

Player Registration Form

Season: 2011-12

Player's LEGAL NAME _____
As it appears on BIRTH CERTIFICATE (Last) (First) (Initial)

Parent/Guardian Names: _____

Address: _____ City: _____ Zip: _____

Phones: Home: _____ Work: _____ Mobile: _____

e-mail Addresses: _____

Gender: ___ Male Birth Date: _____ Age of player
___ Female (mm/dd/yyyy) on 8/1/11: _____

Please note that a photocopy of player's birth certificate is only required if player has never played competitive soccer before or if player's date of birth has never been verified by FYSA. Please check with Registrar if you're not sure.

Year of High School Graduation: _____	U.S. Citizen? (circle one): YES NO
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Was player registered with Oldsmar Soccer during Fall 2010 season? YES NO (Please circle one)
If NO, which soccer club was player registered with in Fall 2010?: _____

FYSA RECOMMENDS THAT PLAYERS NOT REGISTER TO A TEAM WHOSE AGE GROUP EXCEEDS THE PLAYER'S NORMAL AGE.

Insurance Notice: All injuries must be reported within 90 days of the date of the injury.

Informed Consent:

I, the parent/guardian of the registrant, agree that we will abide by the rules of Oldsmar Soccer Club, 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 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.

Parent/Guardian Signature: _____ Date: _____

Club Registrar Signature: _____ Date: _____

<u>For Office Use Only:</u>		BOYS	GIRLS
Team: C2 OLS		Under _____	Coach: _____
	CASH	Check #	Check Date
1st Payment	\$		
2nd Payment	\$		
Volunteer Payment	\$		