



**Southern Homestead  
Soccer Academy**  
(786) 208-0714

email: [luisfabianhernandez@hotmail.com](mailto:luisfabianhernandez@hotmail.com) web site: [www.shsocceracademy.com](http://www.shsocceracademy.com)

**TRYOUT PLAYER REGISTRATION**

**FIELD LOCATION**

**Modello Park**

**28450 SW 152nd Ave, Homestead, FL 33033**

Player Name: \_\_\_\_\_ Player Status:  New  Returning

Gender:  Male  Female DOB: \_\_\_\_\_ (MM/DD/YEAR) Age: \_\_\_\_\_ Team Age Division: U- \_\_\_\_\_

Right/Left Foot:  Right  Left

Field Position of Play:  GK  Defender  Midfielder  Forward

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

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

E-Mail 1: \_\_\_\_\_ E-Mail 2: \_\_\_\_\_

**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 the **Southern Homestead Soccer Academy**, 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.

**ACKNOWLEDGEMENT AND CONSENT:** I agree/consent to the internal and external use by **Southern Homestead Soccer Academy**, and/or its affiliates of mailing address, photographs of the named player, with no compensation.

**THIS IS A REGISTRATION FOR TRYOUTS ONLY WITH THE Southern Homestead Soccer Academy THIS IS NOT A  
PLAYER REGISTRATION TO THE CLUB OR A TEAM**

Player Signature: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_

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