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|  | **Southern Homestead Soccer Academy**  Phone: (786) 208-0714 |  | **Player Status:**  **🞎New 🞎 Returning**  **Team Assigned:\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **F.Y.S.A. PLAYER REGISTRATION** |

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| **Player Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: 🞎M 🞎F**  **Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Parent\Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ St: \_\_ Zip: \_\_\_\_\_\_\_\_\_\_** | |
| **Phone Numbers: (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Email (s): (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Email is the main means of contact. Make sure you write it clearly** | | | |
| **Uniform Size: YOUTH 🞎 YXS 🞎 YS 🞎 YM 🞎 YL ADULT 🞎 AS 🞎 AM 🞎 AL 🞎 AXL** | | | |
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| **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 (SHSA)**, 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 (SHSA)** and/or its affiliates of mailing address, photographs of the named player, with no compensation. | | | |
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**All returned checks will be assessed a $25.00 fee.**  **Registration fees: \_\_\_\_\_\_\_\_\_\_**

**Parent\Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_**

**Player Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_**