

Seminole Shooting Stars Soccer Association (SSSSA)

Player Information and Emergency Release Form



> **Returning players** circle any info that has changed!

Player's Legal Name: Last _____ First _____ MI _____ Gender **F M**

Player's name as it is to appear on trophy: Last _____ First _____ MI _____

Date of Birth _____ Address _____ City _____ Zip _____

Nickname _____ Years in soccer _____ Last age group _____ **US Citizen? Y N**

Father's name _____ Home phone _____ Cell _____ **Can we text U? Y N**

Work phone _____ E-mail _____

Mother's name _____ Home phone _____ Cell _____ **Can we text U? Y N**

Work phone _____ E-mail _____

Other emergency contact name _____ Phone _____

We are an all volunteer organization. Please check each area you can assist with:

HC	Head Coach	TP	Team Parent	<input checked="" type="checkbox"/>	Concession (mandatory)	RF	Referee (must be certified)
AC	Asst. Coach	SP	Sponsor	<input type="checkbox"/>	FM	BoD	Board of Directors

INFORMED CONSENT / INSURANCE NOTICE

FYSA RECOMMENDS THAT PLAYERS NOT REGISTER TO A TEAM WHOSE AGE GROUP EXCEEDS THE PLAYER'S NORMAL AGE. It is FYSA's policy that all players compete at a level they are capable of both physically and developmentally. For a player to move up more than one normal age grouping will require approval from the affiliate's Director of Coaching (DoC) or agent of record, and the FYSA DoC.

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 **SSSSA**, 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.

IMAGE USE: By signing this form, you expressly consent to the photographing or videotaping of your child. You expressly consent to the use of any photographs or videos of your child for its website or promotional materials. **Check here _____ to opt out of the IMAGE USE provision.**

Parent/Guardian Signature _____ **Date** _____

Jersey size: XS YS YM YL YXL AS AM AL AXL	Shorts size: XS YS YM YL YXL AS AM AL AXL	Socks: Youth Adult
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CLUB USE BELOW

<input type="checkbox"/>	Birth cert.	<input type="checkbox"/>	Photo	<input type="checkbox"/>	< Rec. card exp. date (MM/YY)	<input type="checkbox"/>	Med. form	<input type="checkbox"/>	Verified record
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Names of other players paid for with same payment: _____

Age group:	Amount paid: \$	Check #:	Cash
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