



# FLORIDA SOCCER ALLIANCE

7390 Markham Road – Sanford, Florida 32771 – (407)321-5264 Fax : (407)321-6192 www.floridasocceralliance.com

Your player has been offered a place on “Florida Soccer Alliance” Futbol Club  
To accept this offer, complete this form and return it to the registrar

## Permission to Roster Form

**ALL BLANKS MUST BE FILLED OUT COMPLETELY**

Players Name:	Date of Birth:
Email:	Players Age:
Phone Number:	Circle: Male      Female

Team Coach \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Family E-mail: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I, the parent/guardian of the registrant or the registrant (18 years or older) acknowledge that I am completely aware of the inherent risks associated with soccer and hereby waive, release and discharge the state association (FYSA) and all of its affiliated organizations as well as the officers, directors and employees and agent (collectively, and the Released Parties), from and all liability and responsibility in the event that my minor child, named above, or registrant being 19 years of age or older, becomes injured in any way during their participation in soccer events or any activities associated with the “Released Parties”. I further state that I and/or my child takes full responsibilities for any injury that may occur as result of my child’s participation, and that neither I nor my child will hold the “Released Parties” responsible for any aggravation of pre-existing injuries prior to or during mine or my child’s participation in any soccer event or activities associated with the “Released Parties” I understand that that this release and indemnity agreement includes any claims based sole or partial negligence, action or inaction of the above “Released Parties” and covers bodily injury (including death) and property damage, whether suffered by me or my child before during or after such participation. I declare that I or my child are physically fit and have the skill level required to participate. I further authorize medical treatment for my self or my child at my cost, if the need arises. I also understand that my child or I may be required to leave the event should my child or I exhibit undesirable conduct. I further consent for my child to be photographed, videotaped or filmed while participating in Florida Soccer Alliance, “FSA” activities and for the images to be used for the promotional purposed if Florida Soccer Alliance Club, “FSA”. Insurance Notice

All injuries relating to games, practice or team functions my be reported within 90 days of the date of injury. Benefits will be provided for eligible expenses not paid by other health plans after Florida Youth Soccer Association (FYSA) deductible has been satisfied.

Do you have medical Insurance?      Name of Insurance \_\_\_\_\_

I, the Parent/Guardian have read and understand the above Insurance Notice and Informed Consent as acknowledge by my signature below.

Parent/legal guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

By signing this form I give Florida Soccer Alliance “FSA”, permission to register my son/daughter to play for the above team for the FYSA August 1, \_\_\_\_ - May 31 \_\_\_\_\_