

Age Group	Born Between
U-19	8-1-89--7-31-91
U-16	8-1-92--7-31-94
U-14	8-1-94--7-31-96
U-12	8-1-96--7-31-98
U-10	8-1-98--7-31-2000
U-8	8-1-2000--7-31-2002
U-6	8-1-2002--8-25-04 (4 yrs old by 9-6-08)

Satellite Beach Soccer Club

Fall '08 Comp Soccer Registration

(Comp soccer players - register with coach)

www.satellitebeachsoccer.org
 registrar@satellitebeachsoccer.org
 321-482-1205
P.O. Box 372615
Satellite Beach, FL 32937



Player Information - Please Print Clearly - Enter name exactly as it appears on birth certificate

Last Name _____ First Name _____ MI _____ Birthdate _____
 Address _____ City _____ State _____ Zip Code _____
 Telephone Number _____ County _____ Male/Female _____ Last League _____

Parent/Guardian - Information - Please Print Clearly

Father's Name _____ Father's Home Phone _____ Father's Work Phone _____ Father's Cell Phone _____
 Mother's Name _____ Mother's Home Phone _____ Mother's Work Phone _____ Mother's Cell Phone _____

Please provide email address (add multiple accounts if applicable): _____

Parent Volunteer Support: (please help!) Coach Asst. Coach Team Parent Board Position Sponsor

Insurance Notice: FYSA recommends players not register to a team whose age group exceeds the player's normal age.

All injuries must be reported within 90 days of the date of injury. Benefits will be provided for eligible expenses not paid by other insurance health plans after the FYSA deductible has been satisfied.

Do you have other medical/dental insurance? Yes _____ No _____

(If yes, please identify name of insurance company _____ Policy # _____)

Consent for Medical Treatment (Minor) and Important Information

I, the parent/guardian of the below-named player, a minor, agree that I and the player will abide by the rules and regulations of the FYSA, its affiliated organizations and its sponsors ("FYSA Parties"). In consideration of the player's participation in the soccer programs and activities of the FYSA Parties ("the Programs"), I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYSA Parties, the owner and operators of the facilities used for the Programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any Program, which transportation is authorized. I further grant FYSA Parties the right to use the player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs.

As the parent or legal guardian of the above named player, I hereby give consent for emergency Medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

List any player medical concerns _____

Name: _____ **Signature: X** _____ **Date:** _____
 (Print Name of Parent/Guardian)

Returning or New Player: \$95 \$ _____
 Comp Uniform: \$80..... \$ _____
 Club Merchandise \$ _____
 (Comp teams may have additional monthly trainer and/or uniform fees. Contact your childs coach for more information) **Total** \$ _____

Mail To:
SBSC
P.O. Box 372615
Satellite Beach, FL
32937

MUST include these items to register:

- 1) This registration form**
- 2) Check payable to SBSC**
- 3) Wallet Size photo**
- 4) Copy of Birth Certificate** (if new to the club)

SBSC use only

Date Received: _____ Age Group _____ Gender _____
 Previous Player Y / N Birthdate verified Y / N _____
 If previous player ppn# _____
 Payment Received Cash \$ _____
 Name on check _____ Check# _____