

LARGO UNITED RECREATIONAL SOCCER PLAYER REGISTRATION FORM

PLEASE PRINT FORM LEGIBLY

Team: _____ Played Before?: Where: _____ How Long: _____
(Assigned by LUSC only)

How Did You Hear About LUSC? _____

Birth Date: _____ Gender: M F

Player Name: _____
Last Name First Name Middle Name

Address _____
Street Address City Zip

Mother/Guardian : _____

Father/Guardian: _____

Phone #: _____
Home Mother/Guardian Cell Father/Guardian Cell

Mother/Guardian Email: _____

Father/Guardian Email: _____

INFORMED CONSENT / INSURANCE NOTICE

FYSA RECOMMENDS THAT PLAYERS NOT REGISTER TO A TEAM WHOSE AGE GROUP EXCEEDS THE PLAYER'S NORMAL AGE.

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 Largo United Soccer Club, 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.

Parent/Guardian Signature

Date

REGISTRAR USE ONLY: Registration Fee Amount _____ CK# _____ Credit Card _____

Registration Form _____ Medical Release _____ Player/Parent Code of Conduct _____

Concussion Form _____ Volunteer Fee & Form _____ Birth Cert _____ Picture _____

(3) Waivers _____ City of Largo Rec Card: Receipt Copy _____ Date _____ Time _____