

FCYS

**Franklin County Youth Soccer
Player Registration Form 2018 Season**

Fee: \$60.00

Player Name

Last Name

First Name

Initial

Phones

Home

Work

Mobile

Address

City

Zip

Gender

Date of
Birth

Copy of
Birth
Certificate

MM/DD/YYYY

Email Address

Parent/
Guardian Name

INFORMED CONSENT/INSURANCE NOTICE

FCYS RECOMMENDS THAT PLAYERS NOT REGISTER TO A TEAM WHOSE AGE GROUP EXCEEDS THE PLAYER'S NORMAL AGE. It is FCYS'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 FCYS Board.

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 **Franklin County Youth Soccer**. 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.

Does your child have a medical condition that FCYS needs to be aware of? Yes _____ No _____

If yes, please describe the condition _____

Parent/Guardian

Signature

Date

Uniform Sizes (Please Circle): Sample Uniforms from FOCUS HOOK, our uniform company, will be available at DW Wilson Sports Complex during registration dates. Please check sizes before ordering.

YOUTH: Shirt: XS S M L XL Shorts: XS S M L XL Socks: S M L XL

ADULT: Shirt: S M L XL Shorts: S M L XL

Age Group (Please Circle): U6 U8 U10 U13

Desired team location(Please Circle): Apalachicola Eastpoint Carrabelle