

**Competitive Registration Form  
2010-2011 Season**

*Please Print Legibly*

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LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PLAYER'S BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER \_\_\_\_\_

TELEPHONE: (     ) \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

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**INSURANCE NOTICE**

All injuries must be reported with 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# \_\_\_\_\_

**INFORMED CONSENT**

I, \_\_\_\_\_(name), 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 their officers, directors, employees and agents (collectively, the "Released Parties"), from any and all liability and responsibility in the event that I become injured in any way during my participation in soccer events or activities associated with the Released Parties. I further state that I take full responsibility for any injury that may occur as a result of my participation, and that I will not hold the Released Parties responsible for any aggravation of preexisting injuries prior to or during my participation in any soccer events or activities associated with the Released Parties.

**PLAYER AND PARENT AGREEMENT**

\_\_\_\_\_(parent name) and \_\_\_\_\_(player name), acknowledge that we intend to honor the commitment to play with the **Players Club of Tampa Bay** for the seasonal year, we understand that by signing this registration document we are obligated to pay the full fee of \$ \_\_\_\_\_ regardless of whether we later decide to leave the **Players Club of Tampa Bay** prior to the end of the seasonal year.

**SIGNATURES**

PLAYER: \_\_\_\_\_ DATE \_\_\_\_\_

PARENT / GUARDIAN: \_\_\_\_\_ DATE \_\_\_\_\_

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