



Permission to Roster Form

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

Father's Name: _____ Cell Phone _____

Mother's Name: _____ Cell Phone _____

Family E-mail: _____

Address _____

City: _____ St: _____ Zip Code: _____

INFORMED CONSENT/INSURANCE NOTICE

FYSA RECOMMENDS THAT PLAYERS NOT REGISTER TO A TEAM WHOSE AGE GROUP EXCEEDS THE PLAYER'S NORMAL AGE. It is FYSA'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 affiliate's director of coaching or agent of record, and the FYSA Director of Coaching.

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 FKK, 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. I agree that Florida Kraze Krush Soccer Club may use the pictures for any lawful purpose for example such as purposes as publicity, illustration, advertising, and Web content

Insurance Notice:

All injuries relating to games, practice or team functions must 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 Kraze Krush permission to register my son/daughter to play for the above team for the FYSA August 1, _____ - May 31 _____