

# Greater Boca Youth Soccer Association

## Player Registration Form 2006 - 2007

*Please type or print legibly*

Player's Last Name

First Name

M.I.

Street

Town

Zip

Phone 1:  -  -

Sex:  M  F

Birth date:

Phone 2:  -  -

### Insurance Notice

Insurance Co:  Policy #:

### Informed Consent

I 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.

Parent/Guardian:   
Print or Type

E-Mail

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date