

FYSA High School Registration Form
Form must be completed, fee collected (\$35.00)
and turned in to the FYSA Office prior to participating
in any Scheduled Practices or Games

West Valley Lathrop North Pole Eielson Monroe Hutchison

Player's Name _____ M / F _____
(First name) (Last name) (Grade)

Mailing Address _____ City: _____ Zip: _____

Phone Home# _____ Email Contact: _____

(Please print clearly)

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of FYSA, and their affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the FYSA accepting the registrant for its soccer programs and activities (the "programs"), I hereby release, discharge and/or otherwise indemnify FYSA and their affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

As the parent/legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Publicity Release: I do not object to the use of photographs of my child for the FYSA website or newsletter.

Name: _____ x _____
Parent/Legal Guardian (please print) Signature Date

If you make the team, Attach \$35.00 and make Checks Payable to FYSA.