

REGISTRAR ONLY: Med Release _____ Birth Certificate _____ Age Group _____

Big Corkscrew Youth Soccer
PO BOX 110354
NAPLES, FLORIDA 34108



Mail to: Randy Bills
 911 22nd Ave NE
 Naples FL. 34120
 Cell: 239-601-1818
 Checks: Big Corkscrew Youth Soccer
 Amount: \$75.00 Ea.

BIG CORKSCREW YOUTH SOCCER New Returning Transfer

Most recent registration: Where _____ When _____

T- Shirt Size: XYS YS YM YL AS AM AL AXL

Short Size: YS YM YL AS AM AL AXL

If your child has siblings playing also please list their full names below:

Name _____ M ___ F ___ Date of Birth _____

Name _____ M ___ F ___ Date of Birth _____

YRS OF EXP _____

Player Name (Last) _____ (First) _____ (Middle) _____

Gender M ___ F ___ Birth Date _____ Players Age _____

Parent\Guardian Name _____ Alternate Contact
 Name and number _____

Address _____

City _____ State _____ Zip _____

Phone Numbers (work) _____ Home _____ Cell _____

School District _____ High school graduation year _____

Email Address: **(Please Print clearly** – we like to use email to communicate club events and activities. We will NOT SPAM you or share your email)

@																			

Text Message Phone Number

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Initial Here	<i>Before you complete the registration process, please be sure you read and initial the rules regarding player placement, team formation, team practices, and uniform sizes.</i>
	I am <u>completely aware</u> that my child will be placed upon a team based upon age group, and coach availability. <u>Requests for coaches and/or specific teammates will not be honored</u> outside of the normal registration process.
	I am <u>completely aware</u> that the requests for team placement based on car pooling may be considered if the children <u>register at the same time</u> .
	I am <u>completely aware</u> Soccer team information will not be available until after teams are formed. Players will not be moved to different teams due to Game schedule conflicts.
	I am <u>completely aware</u> that the uniform sizes I chose above WILL BE the size ordered for my child. I understand that if the size I select does not fit, I may request an additional uniform at an <u>additional cost of \$20.00</u> . Sample uniforms are available for your child to try on. We encourage you to try on the sample uniforms before making your selection.

Insurance Notice

All injuries must be reported within 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 Insurance YES NO

If yes, please identify name of insurance company _____ Policy # _____

Informed Consent

I, the parent/guardian of the registrant, 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 there officers, directors, employees and agents (collectively, the “Released parties”), from any and all liability and responsibility in the event that my minor child, named above, becomes injured in any way during their participation in soccer events or activities associated with the Released parties. I further state that I and/or my child takes full responsibility for any injury and may occur as a result of my child’s participation, and that neither I nor my child will hold the Released Parties responsible for any aggravation of pre-existing injuries prior to or during my child’s participation in any soccer events or activities associated with the Released Parties.

Player Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Club Registrar: _____ Date: _____

Office Use Only

Total Fees: _____ Payment Method _____

Team Assigned: _____ Coach Name: _____