

FUSION FUTURE*S*



DEDICATED TOWARD DEVELOPMENT



INSTRUCTIONAL TRAINING - COMPETITIVE GAMES FEB 27 - MAY 5 - BOYS & GIRLS - AGES 6-10

REGISTRATION FORM . 2010

Player Name _____ DOB ___ / ___ / ___ Phone(s) Home (____) ____ - _____

Address _____ City _____ ZIP _____ Cell (____) ____ - _____

Gender M F Parent / Guardian Name _____

E-mail _____

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 Fusion Futbol Club of Tampa Bay, 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.

Parent/Guardian Signature _____

Date ___ / ___ / ___