

# SPACE COAST UNITED SOCCER CLUB TOPSOCCER REGISTRATION FORM



FOR OFFICIAL CLUB USE ONLY (To be completed by an SCUSC Board Member):

Returning: Player Pass No: \_\_\_\_\_ Verified \_\_\_\_\_ Taken By: \_\_\_\_\_

New Player: Player Pass No: \_\_\_\_\_ Birth Cert \_\_\_\_\_

NOTES: \_\_\_\_\_

## Player Information

Last Name	Legal First Name	MI	Name Player Goes By	Gender	DOB
Street Address			City	State	Zip
Home Phone	Work Phone	Cell Phones			
Parent/Guardian Names			E-Mail Address		
Does the player have any Medical Issues or Special Needs? If so, please explain:					
Uniform Size:					
<input type="checkbox"/> Youth Sm <input type="checkbox"/> Youth Md <input type="checkbox"/> Youth Lg <input type="checkbox"/> Adult Sm <input type="checkbox"/> Adult Md <input type="checkbox"/> Adult Lg <input type="checkbox"/> Adult XL					

## Insurance & Consent

**Insurance Notice:** All injuries must be reported within 90 days of the date of injury.

**Informed Consent:** I, the parent/guardian of the registrant, agree that we will abide by the rules of Space Coast United Soccer Club, 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's Signature: \_\_\_\_\_ Date: \_\_\_\_\_