



OFFICE USE ONLY		
U12	U14	U16
Amt _____	ck# _____	Cash CC _____
Other: _____		
Selected (Y/N): _____		
Entered in database: _____		

Warner Soccer Rec Plus League Registration

Date of Birth: ____/____/____

Age Divisions
 U12: 8/1/97-7/31/99
 U14: 8/1/95-7/31/97
 U16: 8/1/93-7/31/95

Please Print

Player's Last Name: _____ First: _____ Middle: _____

Address: _____ Zip: _____

Mother's Name: _____ Hm Phone: _____ Wk Phone: _____

Father's Name: _____ Hm Phone: _____ Wk Phone: _____

Email: _____ Male _____ Female _____

School: _____ Grade: _____

_____ My child has previously participated in Warner Soccer RecPlus and all information on file is accurate and correct.

Please list any **medical conditions** or allergies that we should be aware of: _____

Position Preference (list order): Keeper _____ Defender _____ Midfielder _____ Striker _____

Note: Position preference is for informational purposes only- we do not guarantee substantial playing time in preferred position

Check if interested in being a: _____ Coach/Facilitator _____ Business Sponsor

Possible Business Sponsor: _____ Phone Number _____

How did you find out about Warner Soccer? ___ School Flyer ___ Mailing ___ Newspaper ___ Previous Player ___ Road Sign

INFORMED CONSENT/INSURANCE NOTICE

FYSA RECOMMENDS THAT PLAYERS NOT REGISTER TO A TEAM WHOSE AGE GROUP EXCEEDS THE PLAYER'S NORMAL AGE.

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 the Warner Soccer Rec Plus League, 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. I, the undersigned, verify that the information on this registration form is accurate and complete. If my child is selected to a team, I agree to make a good faith effort to respect my and my child's commitment to that team.

Parent/Guardian's Signature: _____ **Date:** _____