

www.westkendallsoccer.com

# Optimist Club of West Kendall

P.O. BOX 160412  
MIAMI, FLORIDA 33116

## SOCCER REGISTRATION FORM

PLEASE PRINT:

APPLICANT \_\_\_\_\_  
FIRST NAME MIDDLE INITIAL LAST NAME

BIRTH DATE: MONTH \_\_\_\_ DAY \_\_\_\_ YEAR \_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY ZIP

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

MOBILE PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

NEW PARTICIPANT  HOW MANY YEARS OF SOCCER EXPERIENCE \_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR PROGRAM? \_\_\_\_ SCHOOL FLYER \_\_\_\_ MAILER \_\_\_\_ OTHER (please specify) \_\_\_\_\_

I AM INTERESTED IN ASSISTING THE PROGRAM IN THE FOLLOWING CAPACITY:

COACHING  SPONSOR  TEAM PARENT  FUNDRAISING   
REFEREE OR UMPIRE

I THE PARENT/GUARDIAN OF THE REGISTRANT, A MINOR, AGREE THAT I AND THE REGISTRANT WILL ABIDE BY THE RULES OF THE OPTIMIST CLUB OF WEST KENDALL AND ITS AFFILIATED ORGANIZATIONS AND SPONSORS INCLUDING, BUT NOT LIMITED TO, MANDATORY PARTICIPATION IN ANY FUNDRAISING ACTIVITIES. FAILURE TO PARTICIPATE IN ALL LEAGUE ACTIVITIES MAY RESULT IN THE PLAYER BECOMING INELIGIBLE FOR ANY AWARDS AND/OR POST SEASON PARTICIPATION (i.e. TOURNAMENTS).

### INFORMED CONSENT / INSURANCE NOTICE

**FYSA RECOMMENDS THAT PLAYERS NOT REGISTER TO A TEAM WHOSE AGE GROUP EXCEEDS THE PLAYER'S NORMAL AGE.** It is FYSA's policy that all players compete at a level they are capable of both physically and developmentally. For a player to move up more than one normal age grouping will require approval from the affiliate's director of coaching or agent of record, and the FYSA Director of Coaching.

**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 the Optimist Club of West Kendall, 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.

X

\_\_\_\_\_  
PARENT / GUARDIAN - SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MONTH DAY YEAR

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TRYOUTS: FOR U-10s AND ABOVE (MANDATORY, NOT GUARANTEED PLACEMENT IN A TEAM IF CHILD DOES NOT PARTICIPATE IN TRYOUTS)**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_