



Treasure Coast United Soccer Club Registration
2010 - 2011 Season

Player Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone # _____ Cell Phone # _____

Player's Email Address: _____

Birth Date: _____ Age: _____ Gender: _____

Jersey Number: _____ Grade & School _____

Mother's Name: _____ Home Phone# _____

Cell Phone # _____ Work Phone# _____

Mother's Email Address: _____

Mother's Occupation or Name of Business: _____

Father's Name: _____ Home Phone # _____

Cell Phone # _____ Work Phone # _____

Fathers Email Address: _____

Fathers Occupation or Name of Business: _____

Emergency Contact : _____ Phone # _____

Insurance Carrier: _____ Policy # _____

Physician: _____ Phone # _____

Acknowledgment & Consent

My signature below confirms the accuracy of the information provided above, and acknowledges my child's commitment to abide by the FYSA Code of Ethics, and to obey any and all rules imposed by the Treasure Coast United Soccer Club, and it's affiliated organizations including but not limited to, FYSA, USCS, USSF, and USYSA. I understand that failure to abide by these rules can result in disciplinary action against me and/or my child. I further understand that the risks to my child include a full range of injuries from minor to severe. I accept this risk as a condition of my child's participation. I hereby give my consent to have my child (named above), to be FYSA and USCS registered with the Treasure Coast United Soccer Club and to be rostered to an appropriate team within the club.

Print Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____