

KICKS SOCCER PROGRAM, INC.

Player Registration Form

Kicks Club Registration Fee: CK# _____ Amt: _____ Player Pass # _____

Player Name _____

Last Name
First Name
Initial

Phones _____

Home
Work
Mobile

Address _____

City _____ Zip _____

Gender _____ Birth Date _____ Verif. _____ HS Grad Year _____ Citizen _____

Email Address _____

Parent/
Guardian Name _____

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. Parent/Guardian must also sign a Kicks Waiver.

INSURANCE NOTICE: FYSA's medical insurance requires all injuries must be reported within 90 days of the date of injury. FYSA's insurance has a \$2,000 deductible on each claim. The insurance company will pay 80% of the eligible amount after the deductible has been applied. The claimant is responsible for the other 20% of the next \$10,000 to max out of pocket cost of \$3,000 per injury. Parents/guardians are responsible for all medical costs incurred that are not covered by private and/or FYSA insurance. **Kicks Soccer Program, Inc.** is not responsible.

Do you have medical insurance? _____ Yes _____ No (Parent/Guardian assumes risk & responsibility)

INFORMED CONSENT: I, the parent/guardian of the registrant, agree that we will abide by the rules of **Kicks Soccer Program, Inc.**, 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.

PHOTOGRAPHIC CONSENT: I hereby consent to and authorize the use and reproduction by **Kicks Soccer Program, Inc.** or anyone authorized by **Kicks Soccer Program, Inc.**, of any and all photographs that have been taken of me and/or my child(ren) for any purpose, without compensation to me. The **Kicks Soccer Program, Inc.** reserves the right to use these photographs in any of its print or electronic publications.

Parent/Guardian
Signature _____ Date _____

Complete this section ONLY if this form will be sent to the FYSA office to register the player:

District A5 Club KPK Team Code _____ League _____

Registrar
Signature _____ Date _____