

FCYSL REGISTRATION FORM

Fayette County Youth Soccer League • P.O. Box 721 • Fayetteville • GA • 30214
www.fcysl.org • info@fcysl.org

PLAYER'S NAME			BIRTHDATE
ADDRESS			MALE: [] FEMALE: []
CITY	COUNTY	ZIP	HOME PHONE
PARENT'S NAME			CELL PHONE
EMAIL ADDRESS			
PAYMENT: CHECK# THERE WILL BE A \$25.00 FEE FOR RETURNED CHECKS			AMOUNT \$
CREDIT CARD: TYPE - VISA [] MC [] AX [] DIS [] NUMBER:		SECURITY CODE	EXPIRATION DATE

RECOGNIZING THE POSSIBILITY OF PHYSICAL INJURY ASSOCIATED WITH SOCCER AND IN CONSIDERATION FOR THE FAYETTE COUNTY YOUTH SOCCER LEAGUE ACCEPTING THE REGISTRANT FOR ITS SOCCER PROGRAMS AND ACTIVITIES, I HEREBY RELEASE, DISCHARGE AND/OR INDEMNIFY THE FAYETTE COUNTY YOUTH SOCCER LEAGUE, THE BOARD OF DIRECTORS, COACHES, REFEREES, ANY INDEPENDENT CONTRACTORS AS USED BY THE LEAGUE AND OTHER VOLUNTEER PERSONNEL AGAINST ANY CLAIM BY OR ON BEHALF OF THE REGISTRANT AS A RESULT OF THE REGISTRANT'S PARTICIPATION IN THE PROGRAMS AND/OR BEING TRANSPORTED TO OR FROM THE SAME. MY SON/DAUGHTER HAS RECEIVED A PHYSICAL EXAMINATION BY A PHYSICIAN AND HAS BEEN FOUND PHYSICALLY CAPABLE FOR PARTICIPATING IN THE PROGRAMS. I HEREBY GIVE MY CONSENT TO HAVE AN ATHLETIC TRAINER AND/OR DOCTOR OF MEDICINE OR DENTISTRY PROVIDE MY SON/DAUGHTER WITH MEDICAL ASSISTANCE AND/OR TREATMENT.

I HEREBY GIVE APPROVAL FOR THE PARTICIPATION OF MY CHILD IN ANY AND ALL GEORGIA SOCCER AND AFFILIATED ASSOCIATIONS OR LEAGUE ACTIVITIES AND I ASSUME ALL RISK AND HAZARDS INCIDENT TO SUCH PARTICIPATION, INCLUDING TRANSPORTATION TO AND FROM SAID ACTIVITIES, WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS GEORGIA SOCCER AND AFFILIATED ASSOCIATION LEAGUE, THE ORGANIZERS, SUPERVISORS, OFFICERS, DIRECTORS, PARTICIPANTS AND PERSONS OR PARENTS SUPERVISING OR TRANSPORTING PARTICIPANTS TO OR FROM SUCH ACTIVITIES FROM ANY CLAIM, ARISING OUT OF INJURY TO MY CHILD. I UNDERSTAND THAT A PLAYER WHO REGISTERS WITH AFFILIATED LEAGUE IS BOUND TO THAT LEAGUE FOR THE ENTIRE SEASONAL YEAR UNLESS A TRANSFER IS REQUESTED FOR EXTENUATING CIRCUMSTANCES.

I UNDERSTAND THAT MY CHILD WILL NOT BE PLACED ON A TEAM UNTIL ALL APPROPRIATE FEES ARE COLLECTED BY THE LEAGUE AND THAT PRACTICES AND GAMES WILL BE SCHEDULED AT THE DISCRETION OF THE LEAGUE AND ITS COACHES. I FURTHER ACKNOWLEDGE THAT NO REFUNDS WILL BE GIVEN AFTER THE DATE INDICATED AT WWW.FCYSL.ORG.

PLAYERS ASSIGNED TO EACH TEAM ARE SELECTED BY THE COACHES IN A DRAFT SYSTEM. DUE TO THIS, THE ONLY REQUEST THAT CAN BE HONORED BY THE LEAGUE IS FOR SIBLINGS OF THE SAME AGE AND SEX TO BE ON THE SAME TEAM. EVERYTHING ELSE DEPENDS ON WHO THE COACHES SELECT. THE LEAGUE HAS NO CONTROL OVER THAT. OUR OBJECTIVE IS TO MAKE THE TEAMS AS EVEN AS POSSIBLE.

PLAYERS WILL BE ASSIGNED TO AGE APPROPRIATE TEAMS UNLESS A REQUEST FOR THE PLAYER TO PLAY AN AGE UP IS MADE IN WRITING TO THE AGE GROUP COORDINATOR PRIOR TO THE COACH'S DRAFT. THE PLAYER MUST BE EVALUATED BY THE AGE GROUP COORDINATOR AND RECOMMENDED BY THE PREVIOUS SEASON'S COACH. A DETERMINATION WILL BE MADE BY THE AGE GROUP COORDINATOR, REGISTRAR AND LEAGUE BOARD OF DIRECTORS. IT WILL ALSO DEPEND ON THE SPACE AVAILABLE IN REQUESTED AGE GROUP.

A PLAYER HAS TO BE REGISTERED BY THE REGISTRATION DEADLINE IN ORDER TO BE ELIGIBLE FOR THE DRAFT PROCEEDINGS.

I UNDERSTAND AND AGREE. (REQUIRED PARENT SIGNATURE) _____

VOLUNTEERS:

FCYSL depends on your participation. 99% of FCYSL consists solely of volunteers. Without these volunteers, children may be turned away, which could include your child. We are especially in need of coaches and/or co-coaches in the younger age groups. With FCYSL training, guidance and support, coaching a FCYSL team is not beyond your abilities. Remember, without you, our volunteer, there is no FCYSL.

I would like to: COACH _____ ASST COACH _____ AGE GROUP _____