



BRANDON AREA YOUTH SOCCER LEAGUE (BAYSL) SELECT PLAYER REGISTRATION FORM



I. PLAYER INFORMATION (Please Print Legibly)				OFFICE USE ONLY					
NAME (LAST) _____		(FIRST) _____		(MI) _____		REG DATE _____/_____/_____		AGE GROUP U-	
ADDRESS _____						PLAYER PASS NUMBER _____			
CITY _____			STATE _____		ZIP CODE _____			DIST CLUB TEAM LEAGUE	
HOME PHONE () - _____		BIRTH DATE ____/____/____		AGE _____		GENDER <input type="checkbox"/> M <input type="checkbox"/> F			
II. UNIFORM						III. EXPERIENCE			
JERSEY SIZE (CIRCLE ONE) YXS YS YM YL AS AM AL AXL AXXL						YRS PLAYED _____		PLAYED BAYSL LAST YR <input type="checkbox"/> Y <input type="checkbox"/> N	
SHORT SIZE (CIRCLE ONE) YXS YS YM YL AS AM AL AXL AXXL						IF YES, TEAM/COACH NAME. _____			
IV. PARENT OR LEGAL GUARDIAN INFORMATION (Please Print Legibly)									
FATHER'S NAME (LAST, FIRST) _____				CELL PHONE () - _____			E-MAIL _____		
MOTHER'S NAME (LAST, FIRST) _____				CELL PHONE () - _____			E-MAIL _____		
<input type="checkbox"/> CHECK HERE IF YOU WOULD NOT LIKE TO BE ADDED TO OUR E-MAIL DISTRIBUTION LIST - BAYSL INFORMATION ONLY.									
V. VOLUNTEER REQUIREMENTS AND INFORMATION									
BAYSL IS A VOLUNTEER ORGANIZATION. Each family is asked to pledge at least FOUR (4) hours of time per player to BAYSL each season. Generally this consists of, but is not limited to, working during recreational registration, field maintenance, concession duty, etc. Therefore, you will be contacted to donate your time. If you are unable to volunteer you may be assessed a fee to cover the expense of hiring outside help as needed.									
IX. FYSA 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 DOC or agen of record, and FYSA DOC. INSURANCE NOTICE: All injuries must be reported within 90 day of the date of injury. INFORMED CONSENT: I, the parent/guardian of the registrant, agree that we will abide by the rules of BAYSL, 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.									
VI. MEDICAL RELEASE/RELEASE OF LIABILITY (PLEASE READ CAREFULLY BEFORE SIGNING)									
I hereby give permission for any and all medical attention to be administered to my child in the event of accident, injury, sickness, etc, under the direction of a league representative, until such time as I may be contacted. No action shall be taken until an attempt is made to contact me at the phone number(s) listed above. I also assume the responsibility for the payment of any such treatment. In case I cannot be reached, a league representative is designated to act on my behalf. This release is effective for the period of one year from the date of notarization. In consideration of my child participating in soccer games at locations under the jurisdiction of Brandon Area Youth Soccer League, Inc. (BAYSL) and all activities incident thereto, I, the undersigned, hereby consent to permit my child to participate in the soccer games and to otherwise fully participate in all activities incident thereto, I represent that my child is physically able to participate in all BAYSL activities. I further agree to indemnify and hold harmless BAYSL and any other person, firm or corporation chargeable with responsibility of liability, their heirs, representatives and assigns from any and all claims, demands, damages, costs, expenses, loss of services, actions and causes of actions rising out of participation in the soccer games and all activities incident thereto and particularly on account of all personal injury, disability, loss or damages of any kind sustained.									
VII. PARENT/LEGAL GUARDIAN NOTARIZED SIGNATURE									
As parent/legal guardian, I have read all the above information, fully understand and consent, and sign below voluntarily. STATE OF FLORIDA , COUNTY OF HILLSBOROUGH The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____ who is personally known to me or who provided _____ as identification. <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;">(Signature - Parent or Legal Guardian)(Driver's License/Photo ID Number)</div> <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;">(Signature - Notary Public)Notary Stamp</div>									
VIII. FINANCIAL INFORMATION (OFFICE USE ONLY)			AGE GROUP	REGISTRATION FEES	PAYMENT (NO REFUNDS)				
NAME (LAST, FIRST) - 1st Registered Player			U -	\$	Paid By: <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> CC				
NAME (LAST, FIRST) - 2nd Registered Player			U -	\$	CHECK # _____				
NAME (LAST, FIRST) - 3rd Registered Player			U -	\$	TOTAL PAID \$ _____				
NAME (LAST, FIRST) - 4th Registered Player			U -	\$	RETURNED CHECKS: There will be a \$35.00 Service Charge for each returned check.				