



Plant City Area Soccer Club Inc. 2020-21 Player Tryout Form

Player First Name _____ Player Last Name _____

Parent/Guardian Name _____

Home Phone _____ Cell Phone _____

Email Address _____

Home Mailing Address _____

City, State _____ Zip Code _____

Player's Gender (please circle one): Female Male

Player's Date of Birth: _____ (verification will be required to play competitive)

INFORMED CONSENT/INSURANCE NOTICE

FYSA recommends that players not register to a team whose age group exceeds the players normal age.

It is FYSA 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 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 injury.

INFORMED CONSENT: I, the parent/guardian of the registrant, agree that we will abide by the rules of Plant City Area Soccer Club, Inc. (PCFC) (Lancers), 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 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.

Printed Name _____

Signature _____ Date _____