

EUROPEAN SOCCER CLUB



The Path to Professional Play!

REGISTRATION CHECKLIST

EUROPEAN SOCCER CLUB

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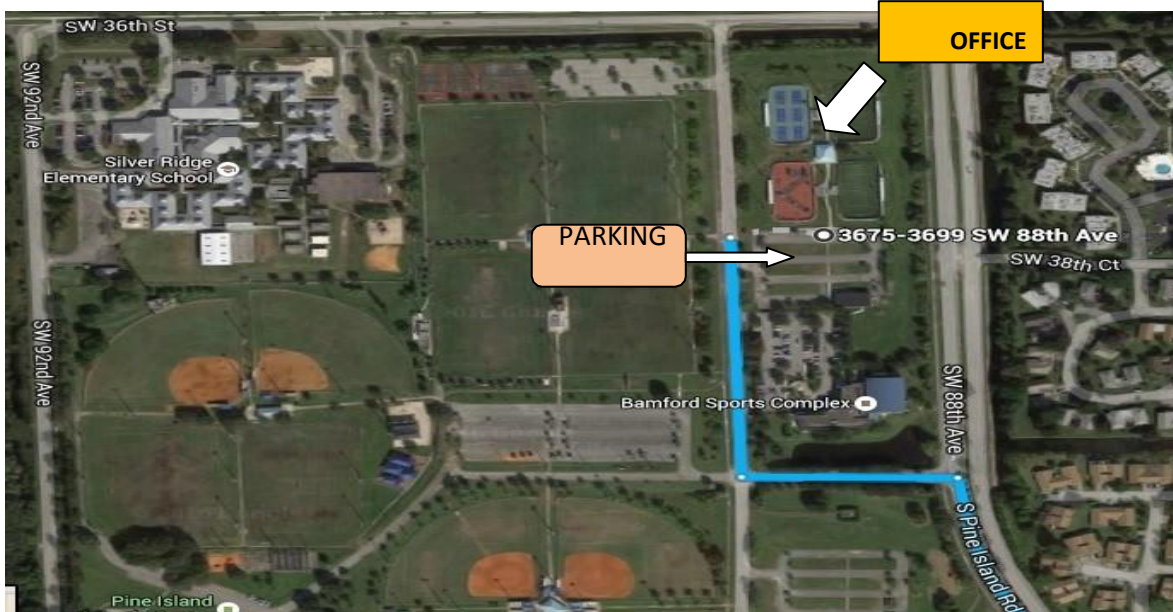
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OFFICE INFORMATION & SCHEDULE:

Manager: John Villamizar

Email: admonesc@hotmail.com





PART 1

INFORMATION DOCUMENTS



Player/Club Expectations Agreement

Congratulations on being selected to join the **European Soccer Club (A2CLYS)** for the 2017-2018 Seasonal Year! Your skills and hard work have earned you a spot in one of the leading soccer clubs in South Florida. Our DOC, coaches and Board of Directors hope that this will be an enjoyable year for you and your family. As part of the process, we want to ensure that you are fully aware and understand the commitments of European Soccer Club, our expectations and obligations from you. Every player and parent will be asked to acknowledge your understanding of the mutual expectations between you and the European Soccer Club.

European Soccer Club teams are decided by the technical staff and no guarantees are made as to a player's selection by the program or, if selected, which place on a team or age group within the program a player will be assigned.

Accepting the position offered obligates each player to pay the **full non-refundable** season fee, regardless of whether the player later decides to leave the European Soccer Club prior to the end of the seasonal year.

-European Soccer Club will provide the following:

- 1.** A comprehensive soccer program, designed to maximize each player's fullest potential. Each player will be assigned to a team that will have a Head Coach, who is overseen by the Director of Coaching.
- 2.** In order to develop every player, teams will train and play games. Each team will be entered into a league that meets their ability, among them, USCS, SFUYSA and FYSA Region and State Cup.
- 3.** Practice Schedule: 3 practices a week for U9 and higher age groups, 2 practices a week for U8 and younger; however, the number of weekly practices may be adjusted based on players' progress.



EUROPEAN SOCCER CLUB: PARENT/PLAYER CODE OF CONDUCT

Players will be played at their natural giving position according to their best abilities determined by their coaches and team needs. Parents must support the coaches' decisions.

Parents will stay away from the pitch during training. The only people allowed on the field for training and games are the players, coaches and program directors.

All players should arrive at practices on time, dressed appropriately in the program's practice attire, shin pads, a ball of suitable size (inflated) and a water bottle. If the player is not dressed appropriately, e.g. not wearing shin pads, practice uniforms, he/she will not be allowed on the field.

Players are expected to be on time and participate fully and consistently in training, league competition, tournaments and state, regional and national cups with their team. All players must attend their primary team practices and games! If you are unable to attend a practice or a game, or you are delayed, please give the coach or the team manager a courtesy call to inform him/her of your delay or absence. The team manager will inform the coach about your absence

At Tournaments, all players should stay at the same Hotel and comply with the nutrition, meeting and rest activities programmed by the coach. Players must eat together.

Parents must not make training and/or games stressful to their children and the other teammates; remember, ***'player development requires enjoyable experiences on the field'***. The best thing you can do to support your child is to let them have free, relaxed play. Coaches give their players specific instructions. Please do not attempt to coach from the touchline.

On no account must you approach a Coach, the DOC or an administrator on the field before, during or after a GAME and PRACTICES. Similarly, on no account send UNSOLICITED emails and phone calls to your Coach, DOC or club administrators. If an issue arises, wait 48 hours, and then schedule an appointment with the DOC through you team manager. When needed, the DOC may ask the coach and/or the administrators to join the meeting. If you are not satisfied after this, request the team manager to contact the Board of Directors. **Disciplinary action will be enforced if these procedures are not followed.**

Occasional practicing or playing with other teams is not allowed, unless permission is granted from the primary team coach and the DOC. The coach requesting a player from another team, must first contact the DOC, who, after approving it, will contact the primary team coach. In the absence of the DOC, the coach requesting a player, will directly contact the player's primary team coach. No exceptions!

We ask and expect players to avoid finding excuses to substantiate poor training habits, not bringing practice attire, poor performances or less than desirable outcomes of matches. Parents should adopt the same approach. This allows young players to become responsible for their actions and outcomes.

Guest Playing. Guest playing for other teams/clubs outside of the European Soccer Club may be allowed **if all player's fees and financial obligations have been fulfilled.** If a European Soccer Club team is participating in any league or tournament, a player from the team will not be allowed to guest play for another team. Approval must be given by the Director of Coaching and the Primary Coach of the player requesting to guest play. The guest playing request should be between the coaches of the requesting team and of European Soccer Club, not the parents. The guest playing form must be submitted by the coach of the team requesting the guest player. *If a player is granted permission to guest play for another team, including but not limited to an older age group, it is just that, **guest playing.** It is not an avenue for that player to now transfer from his/her primary team to the team that he/she guest played for.*

UNIFORMS

European Soccer Club wants to start creating a brand. For this reason, the exclusive uniforms are designed to be the present and the future of the club, where our identity will remain.





PART 2

INFORMATION AND PAYMENT



I understand that a first payment of \$500 at registration days must be paid in order for my child to be considered registered at European Soccer Club. Should the participant not complete the program for any reason, including dismissal for inappropriate conduct, failing to abide by program rules, or by voluntary withdrawal, the unpaid remaining fee should be paid to the Club, and no money will be refunded.

I understand that I can pay either by checks or by credit/debit card.

PAYMENTS BY CHECK: I UNDERSTAND AND AGREE TO PROVIDE THREE CHECKS AT REGISTRATION, ONE FOR \$500 (INITIAL PAYMENT OR REGISTRATION FEE), AND 2 POST-DATED CHECKS (ONE DATED AUGUST 15, AND THE OTHER DATED OCTOBER 1ST, 2017) FOR THE AGREED BALANCE.

PAYMENTS BY CREDIT OR DEBIT CARD: I UNDERSTAND THAT I CAN PAY BY CREDIT OR DEBIT CARD. IF I CHOSE THIS OPTION, I NEED TO COMPLETE AND PROVIDE EUROPEAN SOCCER CLUB THE CREDIT CARD AUTHORIZATION FORM. I UNDERSTAND THAT ANY CHANGES IN THE STATUS OF THIS CARD MUST BE REPORTED TO THE CLUB, AND THAT A 2.9% BANK CHARGE IS ADDED TO AMOUNT CHARGED.

A **10% discount** will be offered if the season fee is paid in full at registration (April 3th- April 15st). No 10% discounts will be offered if full season payment is made later than April 15st, 2017.

Not paying the \$500 registration fee at registration days, will increase the season fee by 10%.

ESC would provide

- City of Davie Fee Parks and recreations fee. All those who pay the registration fee in full are exempt of paying the City of Davie Parks and Recreation fee . Otherwise every participant will have to pay \$10.
- Florida Youth Soccer Association Fees.
 - League Fees, Player passes fees.
 - US Soccer Club Association Fees.
- Excess Insurance.



FINANCIAL AID POLICY

Based on parents' requests and proof of financial needs, the Board of Directors will study individual player's request for financial aid. Only the April 1st and the August 1st fees will be considered for financial aid.

To be considered for financial aid, those applying must provide a letter requesting the financial aid explaining and detailing the reasons for the request. In addition, the applicant must provide the following documentation: a copy of your 2016 Income Tax Return, IRS Form 1040; and/or copy Income tax return for self-employed, Schedule C (if applicable).

Players receiving financial aid will be responsible for all other expenses not covered by the Scholarship. Players receiving financial aid must return all funds provided by ESC if players leave the club prior to the conclusion of the seasonal year, and prior to a release being given to the player in addition to the release fee.

All parents of players, who were granted financial aid, will be requested to actively participate at the Club fund raising and club activities, at a rate of 1 hour for every \$ 10 awarded. Denying participation at fundraising or supporting Club activities will exclude players from financial aid.

I understand that the parents individually or through their son's team may seek fundraise to defray their expenses. I understand that funds collected may be credited to the team's account to be used for such team expenses. These funds remain with the European Soccer Club should the player decide to leave the club.



SEASON FEES U8 OR UNDER

I understand that if my son/daughter is allocated to any team **U8 or YOUNGER**, his/her Season Fee will be **\$1190**, which includes two practices per week (1 hour each practice). I understand that I may choose one of the two following payment options:

PAYMENTS OPTIONS

OPTION 1: FULL PAYMENT AT REGISTRATION: \$1070 + Uniform

(10% discount is applied by paying in full at registration).

OPTION 2: INSTALLMENT PAYMENTS: \$1190 + Uniform

- **AN INITIAL** payment (Registration Fee) for **\$500** due on the day of registration. **POST-DATED CHECKS or CREDIT CARD FORM** have to be given the same registration day. The rest will be paid in two-equal installments post-dated checks or credit card, which automatically charges the mentioned days.

- **THE FIRST** installment for **\$285** on **AUGUST 20, 2017**.

Post-Dated Checks Or Credit Card, Which Automatically Charges The Mentioned Days.

- **THE SECOND** and last installment for **\$285** on **OCTOBER 1ST, 2017**.

Post-Dated Checks Or Credit Card, Which Automatically Charges The Mentioned Days.



SEASON FEES U9 - U12

I understand that if my son/daughter is allocated to an **U9, U10, U11 or U12** team, his/her Season Fee will be **\$1390**, which includes **three weekly practices (1 hour and half each practice) and league games**. I understand that I may choose one of the two following payment options:

PAYMENTS OPTIONS

OPTION 1: FULL PAYMENT AT REGISTRATION: \$1260 + Uniform

(10% discount is applied by paying in full at registration).

OPTION 2: INSTALLMENT PAYMENTS: \$1390 + Uniform

- **AN INITIAL** payment (Registration Fee) for **\$500** due on the day of registration. **POST-DATED CHECKS or CREDIT CARD FORM** have to be given the same registration day. The rest will be paid in two-equal installments [post-dated checks or credit card, which automatically charges the mentioned days.](#)

- **THE FIRST** installment for **\$380** on **AUGUST 20, 2017**.

[Post-Dated Checks Or Credit Card, Which Automatically Charges The Mentioned Days.](#)

- **THE SECOND** and last installment for **\$380** on **OCTOBER 1ST, 2017**.

[Post-Dated Checks Or Credit Card, Which Automatically Charges The Mentioned Days.](#)



SEASON FEES U13 - U18

I understand that if my son/daughter is allocated to an **U13, U14, U15, U16, U17 or U18 age team**, his/her Season Fee will be **\$1490**, which includes ***three weekly practices (1 hour and half each practice) and league games***. I understand that I may choose one of the two following payment options:

PAYMENTS OPTIONS

OPTION 1: FULL PAYMENT AT REGISTRATION: \$1340 + Uniform

(10% discount is applied by paying in full at registration).

OPTION 2: INSTALLMENT PAYMENTS: \$1490 + Uniform

- **AN INITIAL** payment (Registration Fee) for **\$500** due on the day of registration. **POST-DATED CHECKS or CREDIT CARD FORM** have to be given the same registration day. The rest will be paid in two-equal installments [post-dated checks or credit card, which automatically charges the mentioned days.](#)

- **THE FIRST** installment for **\$495** on **AUGUST 20, 2017**.

[Post-Dated Checks Or Credit Card, Which Automatically Charges The Mentioned Days.](#)

- **THE SECOND** and last installment for **\$495** on **OCTOBER 1ST, 2017**.

[Post-Dated Checks Or Credit Card, Which Automatically Charges The Mentioned Days.](#)



FAMILY DISCOUNTS

Siblings are quite welcome in the Club ! so, every member in the family will get 15% off.

IMPORTANT INFORMATION

ALL PAYMENTS MUST BE COMPLETED BY OCTOBER 1st,2017.

1. Any balance remaining after October 1st, will be subjected to a **10% increase** of the remaining fee. In addition, **players will not be allowed to play (practice) the regular season until all payments have been made.**
2. **THERE WILL BE A \$25.00 CHARGE ON ANY RETURNED CHECKS.**
3. **NOTE: the player pass will be requested once the first payment has been made and all paperwork has been received. **Teams will be responsible for the registration, coaches and referee for all tournaments.**
4. ***I understand that not making payments on time will result in the player being placed “Not in Good Standing” with the Club and FYSA, which will result in the player’s practicing and playing privileges being suspended until the obligations are fulfilled.***



PART 3

DOCUMENTS TO PRINT,
COMPLETE AND BRING



DOCUMENTS MUST BRING:

1. COPY OF THE PLAYER PASSPORT
 2. PHOTO
 3. BIRTH CERTIFICATE
 4. NOTARIZED MEDICAL RELEASE.
 5. REGISTRATION PACK ESC COMPLETED AND SIGNED
 6. CREDIT CARD AUTHORIZATION FORM OR CHEQUE POST-DATED TOTAL AMOUNT TO PAY.
 7. ORDER FORM UNIFORM
- **IF THE PLAYER IS THE FIRST TIME THAT IS REGISTRED IN FYSA**
8. FISRT REGISTARTION FORM
 9. FORM (P12 5-11)
 10. PROOF SCHOOL PLAYER IN U.S.A

DOCUMENTOS A ENTREGAR

OBLIGATORIAMENTE:

1. COPIA DEL PASAPORTE DEL JUGADOR
 2. FOTO
 3. CERTIFICADO DE NACIMIENTO
 4. MEDICAL RELEASE NOTARIZADO
 5. PACK REGISTRACION ESC RELLENADO Y FORMADO
 6. FORMA DE AUTORIZACION PARA PAGO CON TARJETA O CHEQUES POST-DATADOS CON LA CANTIDAD TOTAL A PAGAR.
 7. HOJA DE PEDIDO DE UNIFORME
- ** SI ES LA PRIMERA VEZ QUE EL JUGADOR SE REGISTRA EN FYSA**
8. REGISTRACION POR PRIMERA VEZ DE FYSA
 9. FORMA (P12 5-11)
 10. COPIA DE LA PRUEBA DE ESCOLARIZACION EN U.S.A

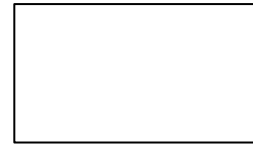
EMAILS FOR MORE INFO: admonesc@hotmail.com - ramombe@hotmail.com



EUROPEAN SOCCER CLUB

2017/2018 PLAYER REGISTRATION FORM

AUGUST 14, 2017 MAY 29, 2018



* FILL ALL DOCUMENTS IN CASE.

PLAYER NAME: _____

D.O.B: ____/____/____

PARENTS/GUARDIAN: _____

ADDRESS: _____

MOTHER CELL#: _____

MOTHER E-mail: _____

FATHER CELL#: _____

FATHER E-mail: _____



ACKNOWLEDGMENT OF REGISTRATION:

Informed consent: I, the parent/guardian of the registrant, agree that we will abide by the rules of European Soccer Club and Goal Sport Group, the state association (FYSA) and US Soccer Club, and all its affiliated organizations. My/our child wishes to participate with European Soccer Club during the 2017-2018 season. 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.

Parental Consent: I, the parent/guardian of the above named child, hereby give approval for his/her participation in any and all Organization activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from all activities; and do hereby waive, release, indemnify and agree to hold harmless the European Soccer Club and its parent organization Goal Sport Group, managers, coaches, sponsors or persons transporting participants to or from Organization activities, for any claim arising out of any injury except to the extent and in the amount covered by accident and/or liability insurance held by the Florida Icons.

I also grant permission to managing personnel to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the above named candidate become ill or injured while participating in Organization activities away from home or at any other time when either parent is not available to grant authorization for emergency treatment.

Insurance Co: _____ Policy #: _____

_____ PLAYER NAME (PRINT)	_____ PLAYER SIGNATURE	_____ Date
_____ PARENT NAME (PRINT)	_____ PARENT SIGNATURE	_____ Date
_____ PARENT NAME (PRINT)	_____ PARENT SIGNATURE	_____ Date



FYSA CODE OF ETHICS:

PARENTS/SPECTATORS:

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, game officials, and administrators at all times.
- I will place the emotional and physical well being of all players ahead of any personal desire to win.
- I will support the coaches, officials, and administrators working with my child, in order to encourage a positive and enjoyable experience for all.
- I will remember that the game is for the players, not for the adults.
- I will ask my child to treat other players, coaches, game officials, administrators, and fans with respect.
- I will always be positive.
- I will always allow the coach to be the only coach, by refraining from coaching from the sidelines.
- I will not enter into arguments with the other team’s parents, players, or coaches.
- I will not enter the field of play for any reason during the game.
- I will not criticize game officials.
- I will not possess, consume, or distribute alcohol, illegal drugs, tobacco products and unauthorized prescription drugs during, after the game or at any other time at the field and/or game complex.

Failure to comply may result in the suspension of your privilege to participate in FYSA sanctioned events, for the following periods:

1st Offense: Suspension for a minimum thirty (30) days to maximum of (5) years.

2nd offense: Suspension for a minimum of one (1) year to a maximum of ten (10) years.

3rd offense: Suspension for a minimum of five (5) years to a maximum of fifty (50) years.

PARENT/GUARDIAN NAME (PRINT) PARENT/GUARDIAN SIGNATURE Date



PLAYER'S & PARENTS RESPONSIBILITIES:

1. We parents understand that since this is a premier competitive environment, there is **No Guarantee of Minimum Playing Time**. Therefore, players and parents are expected to make team training sessions a priority, ensuring that players regularly attend practice and games according to the team schedule coordinated by the coach and team manager. Travel soccer requires a higher level of commitment than non-competitive programs. We understand that players and parents are expected to be respectful of this mutual obligation.
2. The Director of Coaching **and** Board of Directors will handle all unresolved disputes between coaches and players.
3. Additionally, we understand that we will share in team expenses above and beyond the club registration fees. Team expenses will include entry fees to league play and tournaments, coaches travel reimbursement and bonuses, referee fees for regular season SFUYSA, USCS league, FYSA region and State Cup games, tournaments and other non-league games, and travel costs associated with attending these events.
4. ***European Soccer Club teams are decided by the technical staff and no guarantees are made as to a player's selection by the program or, if selected, which place on a team or age group within the program a player will be assigned.***
5. *The Director of Coaching will work with each Head Coach to determine the tournaments and programming that will be appropriate for each team and player. All tournament entries and other soccer related activities will be pre-approved by the Team Head Coach and the Director of Coaching.*
6. **We understand that failure to fulfill our financial obligations to European Soccer Club may result in the player being placed "Not in Good Standing" with the Club, USCS and FYSA, which will result in the player's practicing and playing privileges being suspended until the obligations are fulfilled. This will also impact the player's ability to register with the European Soccer Club or any other affiliate next year**
7. **We understand that we have the right to request a release from the European Soccer Club. However, in order to be released the player must first have paid off all year season fees. In addition, a release fee of \$500 per player must be paid before the release could be granted. The request must be in writing and will be reviewed by the Head Coach and Board of Directors meeting, and will take 2 weeks since receiving the written request and having paid the previously described financial obligation with the club. The player will be released at the discretion of the club.**
8. I/we acknowledge that I/we have received and read the FYSA Code of Ethics, and agree to abide by the requirements. By signing below, each player and parent accepts a position with the European Soccer Club and will act in a respectful manner at all practices, games, travel, etc, and serve as role models to others to maintain the integrity of ourselves, our team, and all of the European Soccer Club players. European Soccer Club is a FYSA and USCS affiliate and players and parents will conduct themselves in accordance with European Soccer Club, USCS, FYSA, SFUYSA, USYSA, USSF, and FIFA rules at all times, or will be subject to disciplinary action.
9. We understand that the changes in administration, sports or staff both administrative and/or coaches, are decisions of the directors independent of the circumstances or time in which they take place. Those circumstances do not affect this agreement.
10. Any verbal or physical aggression from parents/ kids against a Coach or a Director of European Soccer Club will be evaluated by the club's committee of ethics which could incur in sanctions ranging from temporary suspensions of parents / kids to terminating the membership without any the possibility of any reimbursement of fee paid to the club.
11. Privacy notice and distribution of electronic mail and postal mailing addresses: we understand that for both internal and external use European Soccer Club may utilize soccer photographs and video of the named individuals. I consent to such uses and waive all rights to compensation.
12. During the practice sessions, ESC requires parents provide supervision for their children.
13. All injuries must be reported within 90 days of the date of the injury.



14. Summer activities will be defined once the registration process has been completed, and only registered players who had paid the registration fee and the month of July fee may be allowed to participate.

15. Signing with the European Soccer Club constitutes a commitment for the seasonal year, August 15, 2017 – May 29, 2018.

PARENT/GUARDIAN NAME (PRINT)

PARENT/GUARDIAN SIGNATURE

Date



CREDIT CARD AUTHORIZATION FORM

(A bank charge of 2.9% will be added to each transaction)

Customer Name: _____

Cardholder's Name: _____

Type of Card: VISA MasterCard

Card Number: _____

Expiration Date: _____

CVC Code (3 or 4 digit number on back of card) _____

BILLING ADDRESS (this address must match the credit card billing address exactly):

STREET: _____

CITY, STATE & ZIP: _____

Telephone: _____ Fax: _____

E-Mail: _____

I verify that all information is correctly provided, and that I, the undersigned, am the card holder of the above credit card. I further verify that the signature below is my signature as indicated on the reverse of the above indicated card. I hereby authorize EUROPEAN SOCCER CLUB to charge the first day of August and on the first day of October my indicated credit card for the amount convened on the signed travel soccer program registration documents.

I understand that EUROPEAN SOCCER CLUB still reserves the right to request the front and back copy of my card, and/or of my driver's license should further verification and authenticity of the cardholder be required.

Your completion of this authorization form helps us to protect you from credit card fraud. All information entered on this form will be kept strictly confidential by EUROPEAN SOCCER CLUB.

CARDHOLDER'S SIGNATURE: _____

DATE SIGNED: _____

(A bank charge of 2.9% will be added to each transaction)



Signing with the European Soccer Club constitutes a commitment for the seasonal year, August 14, 2017 – May 29, 2018.



All decisions pertaining to European Soccer Club will be made by the Board of Directors, Director of Coaching, and Technical Staff.

Thank you for your support in what we are trying to achieve at our program.

Upon signing, you are bound by these agreements with European Soccer Club.

Acknowledged and agreed to this _____ day of _____, 2016

Player Signature Print Player's Name Gender/Age Group

Parent/Guardian Signature Print Parent/Guardian Name

Parent/Guardian Signature Print Parent/Guardian Name

For Office Use Only			
ID: _____	ID#: _____	Amount Paid: _____	Balance Due: _____
Received by: _____			

**MEDICAL RELEASE FORM**

I, _____ (Parent/Guardian's Name) hereby give permission for any and all medical attention to be administered to my child _____ (Child's Name) in the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____ D.O.B. _____

HOME PHONE: _____ CELL PHONE: _____

INSURANCE CO.: _____ POLICY NUMBER: _____

In case I cannot be reached, any of the following persons is designated to act on my behalf.

* **DOC:** Ramón Mompó.

* **COACH:** Carlos Garcia, Germán Quijano,

* A league representative where my child is playing.

* Any tournament representative where my child is participating in a tournament

PHYSICIAN: _____

ADDRESS: _____

PHONE: _____

KNOWN ALLERGIES: _____

SIGNATURE (PARENT/GUARDIAN) _____ DATE _____

2016

Subscribed and sworn before me,

This _____ day of _____, 200_

Notary Public



U.S. Soccer Federation First Registration Form (FR-11)

Player's Last Name _____ First Name _____ Middle Initial _____
Current U.S. Address _____ City _____ State _____ Zip Code _____
Country of Birth _____ Gender Male / Female
Birth Date _____ E-mail Address _____
Month Day Year

I, _____, attest the following to be accurate:

- Are you a **CITIZEN** of the United States? Yes _____ No _____
 Have you ever been registered with **ANY** team outside of the United States? Yes _____ No _____

Team to participate with _____

League _____

State Association _____

By executing this form, I hereby represent that the information contained herein is true and correct.

By: _____
Signature of Player

Date: _____
Month Day Year

By: _____
Signature of Parent or Guardian
(Required for any player under the age of 18)

Date: _____
Month Day Year



**U.S. Soccer Federation
Proof of Entry Prior to 12 Years of Age
Submission Form (P12 5-11)**

A. BIOGRAPHICAL INFORMATION (Type or print clearly)

_____ Player's Last Name	_____ First Name	_____ Middle Initial
_____ Mother's Maiden Name	_____ First Name	_____ Middle Initial
_____ Father's Last Name	_____ First Name	_____ Middle Initial
_____ Most Recent United States Address	_____ City	_____ State
		_____ Zip Code
_____ E-mail Address	_____ Primary Phone Number	
Birth Date _____ Month Day Year	Gender	Male / Female
_____ Country of Birth	_____ Country of Citizenship	

B. SUBMISSION INFORMATION

(This section **MUST** be completed or the application will **NOT** be processed)

Type of Documentation Provided

Club Wishing to Participate With

League/State Association

**Please complete and submit this form to FYSA by
uploading in player's Got Soccer account**

Florida Youth Soccer Association
2828 Lake myrtle Park Road
Auburndale, FL 33823312-808-1300

