



FUN SPORTS, INC.

If it's not fun... why play?

www.funsportsinc.org

561-801-2418



VULTURES FC TEAM REGISTRATION FORM (please print)

NAME _____ AGE _____ DATE OF BIRTH _____

HOME ADDRESS (Street, City, Zip Code) _____

PERSONAL CELL _____ EMAIL: _____

EMERGENCY CONTACT (Name/Phone) _____ / _____

PERSONAL PHYSICIAN _____ DENTIST _____

HEALTH INSURANCE _____ POLICY # _____

PAST INJURIES/HEALTH ISSUES _____ NONE _____

EXPERIENCE _____

POSITION #1 _____ POSITION #2 _____

AGREEMENT (player must sign below indicating consent) 2018-2019 Season

I agree that I am in good physical shape to compete in this sport. I understand that this is a Competitive Sport and playing time is NOT guaranteed. What is guaranteed is a quality coach providing quality skill instruction during practice times and in doing so will make the player better overall. I, agree to participate in any and all travel activities, including transportation to and from the facility. This includes walking, auto and/or mass transport. All players must follow established Code of Conduct policy as instructed by staff for the safety of all participants. I, know that participation is a contact event and could result in serious injuries and protective equipment or rules does not prevent all injuries to players, and do hereby waive, release, absolve, indemnity and agree to hold harmless the local facility, the organizers, sponsors, supervisors, participants, referees and persons from activities for any claim arising out of any injury to me or my guests whether the result of negligence any other cause. In addition, all driving and parking of my own transportation vehicle is at my own risk while participating. I understand and agree to a \$20. non refundable tryout deposit and agree to cover the costs of any uniforms and tournament fees as assigned. I agree to reimburse FSI \$250. if I choose to leave club to join another during 2018-2019 season towards my release. I, herby consent and release for any photographs or video made by any party during participation, and I, herby agree to the recognized and established non refund policy and only credit towards future play for medical reasons with note from licensed physician.

PLAYER SIGNATURE _____ SIGNATURE DATE _____

UNIFORM SIZING (Circle Size)

TOP - AS AM AL AXL 2XL 3XL

BOTTOM - AS AM AL AXL 2XL 3XL

SHOE SIZE _____

SOCKS - S M L



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