



2011/2012

JAGUAR SOCCER CLUB

PO Box 16071 Jacksonville, Fl. 32245-6071
Website: www.jacksonvillejaguarsoccerclub.com
phone: (904) 645-5006

Player Information – please complete all items

Player Pass Number

Last Name: _____ First Name: _____ MI: _____

Home Phone: _____ Cell Phone: _____ Other Phone: _____

Email: _____

Address: _____

City _____ State _____ Zip _____ Male _____ Female _____

Date of Birth: _____ High School Graduation Year _____

High School Attending: _____

Are you a US Citizen? (circle) Yes or No (circle one)

Were you born OUTSIDE of the United States? Yes or No (circle one)

Have you ever lived ABROAD? Yes or No (circle one)

If Yes, when and where: _____

Position Played _____ Previous Team: _____

Uniform Size (circle one) Youth Large ADULT S M L XL XXL

Parent Information – please complete all items

Mother/Guardian _____ Email _____

Address (if different) _____

Phone home: _____ cell: _____ work: _____

Father/Guardian _____ Email _____

Address (if different) _____

Phone home: _____ cell: _____ work: _____

**FYSA RECOMMENDS PLAYERS NOT REGISTER TO A TEAM WHOSE AGE GROUP EXCEEDS THE PLAYER'S NORMAL AGE.
INFORMED CONSENT/INSURANCE NOTICE:**

INSURANCE NOTICE: All injuries must be reported within 90 days of the date of injury. Benefits satisfied.

INFORMED CONSENT: I, the parent/guardian of the registrant, agree that we will abide by the rules of the JAGUAR SOCCER CLUB, 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. I understand that my name/photograph may be placed on the Jaguar Soccer Club Web Site or used in other Jaguar promotional material.

Player signature _____ Parent Signature _____ Date _____

