



South Miami United F.C.
 Rec Soccer Season 2016 - 2017
Player Information Form



C: _____
 FOR OFFICE USE ONLY

Name: _____ Gender: M or F Age: _____
 Last/First

Division: (circle according to the age group chart below)

-U4 Coed -U6 Coed -U8 Coed -U10 Coed -U12 Coed

- U4: 2013 / Max 8 players (Co-ed) / 4 vs. 4 no goalie
- U6: 2011-2012 / Max 8 players (Co-ed) / 4 vs. 4 no goalie
- U8: 2009-2010 / Max 8 players (Co-ed) / 4 vs. 4 no goalie
- U10: 2007-2008 / Max 12 players (Co-ed) / 7 vs. 7
- U12: 2005-2006 / Max 12 players (Co-ed) / 7 vs. 7

Birth Date: ____/____/____ Special Request: _____
 (We will attempt to accommodate special requests)

Name of Parent/Guardian: _____

Address: _____ City/State: _____ Zip: _____

Phone: (cell) _____ (home) _____

E-mail address: _____

Medical Conditions/Allergies: _____

Emergency Contact: _____

Name/Phone

Registration Check List

- Player Registration Form – signed
- Player Information Form – signed
- Copy of Birth Certificate or Passport
- Concussion Notification – signed
- Medical Release – signed
- Registration Fee **\$235** – checks payable to **SMUFC**
- **OPTIONAL:** Grey Training T-Shirt for an additional **\$10**

Jersey Size: (circle) Youth XS S M L XL

FOR OFFICE USE ONLY:

Payment Information

DATE	
PYMT TYPE	
AMT DUE	
REC'D BY	

LIABILITY WAIVER

BY COMPLETING AND SIGNING THIS FORM, THE APPLICANT AND ALL INCLUDED FAMILY MEMBERS AGREE TO ABIDE BY ALL SOUTH MIAMI UNITED F.C., INC., FLORIDA YOUTH SOCCER ASSOCIATION AND U.S. CLUB SOCCER RULES AND REGULATIONS, AND FURTHER AGREE TO INDEMNIFY AND HOLD SOUTH MIAMI UNITED F.C., INC. AND THE CITY OF SOUTH MIAMI HARMLESS WITH REGARDS TO ANY INJURIES RECEIVED AS A RESULT OF THE USE OF THE CITY OF SOUTH MIAMI FACILITIES AND/OR EQUIPMENT.

I, _____, as Parent or legal Guardian of _____
(Print PARENT'S Name) (Print PLAYER'S Name)

do hereby:

- Assume all risk of possible damage or injury through the use of the City of South Miami recreational facilities.
- Agree to indemnify and hold harmless South Miami United F.C., Inc., and the City of South Miami for any liability or risk associated with the use of the facilities and equipment during my child's participation in recreational soccer.
- Agree to indemnify and hold harmless any and all South Miami United F.C.; coaches, trainers, and volunteers from any liability arising out of my child's participation in the 2016/2017 Soccer Season.
- Understand and agree to abide by all applicable rules and regulations.
- Certify that the participant named herein is in normal health and has no injury, or other condition which would affect their ability to participate, or that I have advised South Miami United F.C. in writing of that condition. I understand that my insurance bears primary responsibility for any illness or injury that occurs as a result of participation in this activity. I further give my permission for emergency medical treatment to be administered when necessary. I agree I am financially responsible for any such treatment.
- I give permission to South Miami United F.C., Inc. to use the player's picture or likeness in promotion of South Miami United F.C., Inc. in printed or electronic media. I renounce any claims upon South Miami United F.C., Inc. for reimbursement for use of this material. I have read and accept South Miami United F.C., Inc.'s Policy Statements:

Signature of Player's Parent or Legal Guardian

Date: _____

How to Register:

Walk-ups: Complete forms and bring with payment to **South Miami Park / Monday – Thursday / 5:00 – 7:00 pm**

Early Registration: Complete form and mail with payment to the address below.

Send REGISTRATIONS to: South Miami United F.C., P.O. Box 430164, South Miami, FL 33243-0164

(Mail 1-week in advance of REGISTRATION DEADLINES)

Summer Hours:

**Monday thru Friday from 9:00 am - 12:30 pm thru August 18th &
Tuesdays & Thursdays from 5:30 - 7:00 pm until August 11th**