

BAY UNITED SOCCER CLUB PLAYER PARTICIPATION AGREEMENT

Please provide the following information:

1. Date of last year/playing season that registrant participated in soccer:

2. Name of team registrant played with last: _____

3. Name of soccer club and state organization that player was last affiliated with:
Club - _____ and State Organization - _____

I, _____ the parent/guardian of the registrant, understand that the FYSA soccer season runs from August 1st through July 31st, and that my son or daughter will remain registered to Bay United Soccer Club for this seasonal year unless properly released or transferred. I also affirm that I have fully disclosed my child's former state and club soccer affiliations above. I also agree that neither I nor any member of my family will engage in poaching during the season.

Poaching is defined as the act of attempting to induce or the inducing of a registered and/or rostered player and/or coach to transfer or otherwise leave his/her current team/club prior to the end of the seasonal year (Aug 1 – July 31). It shall not be considered poaching to invite any player to try-out for a team to be formed for the next seasonal year so long as no contact is made until after the conclusion of State Cup Finals, or as may be set within a Region of FYSA, and prior to August 1st, unless that player is not currently registered/rostered to any FYSA team.

I, the parent/guardian of the registrant, agree that we will abide by the rules of this club, the state association (FYSA), and all of its affiliated organizations. My child wishes to participate in soccer during the season of this registration. I realize risks are involved in my child's participation. I understand that the risk to my child includes a full range of injuries from minor to severe, and the result could be death, paralysis, or other serious, permanent disability. I accept this risk as a condition of my child's participation.

PLAYER NAME

PARENT/GUARDIAN SIGNATURE DATE