



Miami Strike Force
P.O. Box 830728
Miami, Fl. 33283-0728
305-275-0543

Player Status: <input type="checkbox"/> New <input type="checkbox"/> Returning Player Pass#: _____ Season: 2010 – 2011 Age Bracket: Under _____ Field Location: <input type="checkbox"/> Three Lakes Park <input type="checkbox"/> Archimedean

ACADEMY ELITE PLAYER REGISTRATION

Name: _____ Gender: M ___ F ___ DOB: _____

Parent\Guardian Name: _____

Address: _____ City: _____ St: ___ Zip: _____

Phone Numbers: (Work) _____ (Home) _____ (Cell) _____

Cell Phone Provider: ATT Metro PCS T-Mobil Sprint Verizon Other

Email: _____

Email (2): _____

Email is the main means of contact. Make sure you write it clearly

Uniform Size:	YOUTH	<input type="checkbox"/> YS	<input type="checkbox"/> YM	<input type="checkbox"/> YL	ADULT	<input type="checkbox"/> AS	<input type="checkbox"/> AM	<input type="checkbox"/> AL	<input type="checkbox"/> AXL
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INSURANCE NOTICE: All injuries must be reported within 90 days of the date of the injury.

INFORMED CONSENT: I, the parent/guardian of the registrant, agree that we will abide by the rules of the **MIAMI STRIKE FORCE (MSF)**, 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.

ACKNOWLEDGEMENT AND CONSENT: I agree/consent to the internal and external use by **MIAMI STRIKE FORCE (MSF)**, and/or its affiliates of mailing address, photographs of the named player, with no compensation.

THIS PROGRAM IS AVAILABLE FOR MIAMI STRIKE FORCE ACADEMY AND RECREATIONAL PROGRAM REGISTERED PLAYERS ONLY
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Registration fees: Returning player: \$ 125.00 New player: \$ 250.00 (Includes uniform package)

Note: New Player uniform package: Two complete sets of game uniforms (home and away) and a practice uniform.

Total Amount Due: \$ _____ **1st Payment:** \$ _____ **Cash:** _____ **Check#:** _____

Additional Fees: Our monthly fee is \$ 50.00 per month regardless of how many times the child comes to practice during the month. Any other additional fees are the responsibility of each team and/or player.

A late fee of \$10.00 will be accessed upon failure to pay before the 10th of each month. In addition, any player whose account is not current as of the 10th of any month will not be allowed to attend any practices or games until his/her account is brought up to date.

All returned checks will be access a \$25.00 fee

Should the player wish to transfer to another club prior to the end of the seasonal year, the player/parents will be required to pay a \$300.00 transfer/release fee to **MSF**, in addition to fulfilling all financial obligations noted above before the transfer/release is processed

We have received the Code of Ethics and the Registration brochure, and agree to abide by the requirements stated.

Parent\Guardian Signature: _____

Date: _____