



Miami Strike Force

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TRYOUT PLAYER REGISTRATION

FIELD LOCATION

- Three Lakes Park 13375 SW 136 St. Miami, Fl. 33186
 Archimedean 12425 SW 72nd St. Miami, Fl. 33183

Season 2010 - 2011

Player Status: New Returning

Player Name: _____

Gender: Male Female DOB: ___/___/___ (MM/DD/YEAR) Age: _____ Team Age Division: U-_____

Right/Left Foot: Right Left

Field Position of Play: GK Defender Midfielder Forward

Parent\Guardian Name: _____

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

E-Mail 1: _____ E-Mail 2: _____

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 IS A REGISTRATION FOR TRYOUTS ONLY WITH THE MIAMI STRIKE FORCE
THIS IS NOT A PLAYER REGISTRATION TO THE CLUB OR A TEAM**

Player Signature: _____

Date: _____

Parent\Guardian Signature: _____

Date: _____