



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

<b>Player Status:</b> <input type="checkbox"/> New <input type="checkbox"/> Returning <b>Age Bracket:</b> Under _____ <b>Team Assigned:</b> A1-MSF- _____ <p style="text-align: right;"><b>Season: 2011 – 2012</b></p>
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**U11- U18 F.Y.S.A. PLAYER REGISTRATION**

**Player Name:** \_\_\_\_\_ **Gender:**  M  F **Birth Date:** \_\_\_\_\_

**Parent\Guardian Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **St:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Numbers: (Work)** \_\_\_\_\_ **(Home)** \_\_\_\_\_ **(Cell)** \_\_\_\_\_

**Email (s): (1)** \_\_\_\_\_ **(2)** \_\_\_\_\_

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

<b>Uniform Size:</b> <b>YOUTH</b> <input type="checkbox"/> <b>YXS</b> <input type="checkbox"/> <b>YS</b> <input type="checkbox"/> <b>YM</b> <input type="checkbox"/> <b>YL</b> <b>ADULT</b> <input type="checkbox"/> <b>AS</b> <input type="checkbox"/> <b>AM</b> <input type="checkbox"/> <b>AL</b> <input type="checkbox"/> <b>AXL</b>
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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.

**Registration fees:**

- Option 1:  \$ 400.00 (Single Payment)
- Option 2:  \$ 450.00 (\$ 150.00 at registration, \$ 150 within 30 days and \$ 150 within 60 days from the registration date)
- Option 3:  \$ 500.00 (\$ 150.00 at registration, \$ 125 within 30 days, \$ 125 within 60 days and \$ 100 within 90 days from the registration date)

**NOTES: A non refundable deposit of \$ 150.00 is required upon acceptance on the team. (Included on the registration fees) Uniform package is included with the player registration fees.**

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

**Coaching Fees (IF ANY):** They are the responsibility of each team. Miami Strike Force will secure a coach at the player's expense.

<b>PAYMENT PLAN CONTRACT</b>
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This is a legal and binding contract. Regardless of whether your child plays a limited amount of games or the full season, your responsibility to the Miami Strike Force is for the total payment of the season listed above. By signing this payment plan contract you are stating that you will take full responsibility for the attorneys fees used in the attempt to collect the total amount due. The payment plan program is a privilege extended to you by Miami Strike Force. Prompt payment is required. **A late fee of \$10.00 will be accessed upon failure to pay before the 10<sup>th</sup> of each month.** In addition, any player whose account is not current as of the 10<sup>th</sup> 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:** \_\_\_\_\_