



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

Player Status
 New Returning

Season: ___ - ___

PLAYER REGISTRATION

Player Name: _____

Coach Name: _____

Parent\Guardian Name: _____

Alternate Contact: _____

Address: _____

City: _____ St: ___ Zip: _____

Phone Numbers: (Work) _____

(Home) _____ (Cell) _____

E-Mail Address: _____

Gender: M ___ F ___ Birth Date: _____ Player's Age: ___

T-Shirt Size: YSX YS YM YL YXL AS AM AL AXL

Total Amount: \$ 100.00 Payment: Cash Check Check #: _____ Collected: _____

Special Instructions:

Medical Behavior Allergic Dietary Sensitivities Other

Please explain items checked: _____

Informed Consent

I, the parent/guardian of the registrant, acknowledge that I am completely aware of the inherent risks associated with soccer, and hereby waive, release, and discharge Miami-Dade County and the Miami Strike Force, and all of its affiliated organizations, as well as their officers, directors, employees and agents (collectively, the "Released Parties"), from any and all liability and responsibility in the event that my minor child, named above, becomes injured in any way during their participation in soccer events or activities associated with the Released Parties. I further state that I and/or my child takes full responsibility for any injury that may occur as a result of my child's participation, and that neither I nor my child will hold the Released Parties responsible for any aggravation of pre-existing injuries prior to or during my child's participation in any soccer events or activities associated with the Released Parties.

Parent\Guardian Signature: _____

Date: _____