



Hattiesburg Futbol Club

www.hysams.org

Hattiesburg Futbol Club (HFC)
Phone/Fax (601) 268-6806 / (601) 582-8887

2010 – 2011 D1 “Select” REGISTRATION FORM

Division: U - 11 12 13 14 15 16 17 18

Boy _____

Girl _____

Player: _____
Last name First name Middle Initial Nick Name

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Physical Address: _____
(If different than mailing address) City State Zip

Home E-mail address: _____ **Home Phone:** _____

Birthday: ____/____/____ **Birth Certificate Number (Required by MSA):** _____

What school does your child attend? _____ **Grade In Fall 2010:** _____

Father: _____
Last name First name

Father E-mail: _____

Father Cell Phone: _____ **Father Work Phone:** _____

Mother: _____
Last name First name

Mother E-Mail: _____

Mother Cell Phone: _____ **Mother Work Phone:** _____



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Registration Fees for Division 1 "Select"

\$650 if paid over 10 months \$600.00 if paid over 6 months
\$550 if paid in full at Registration
\$50 per player discount for families with multiple children playing

NOTE: All monthly payments will be through automated debiting of checking account.

PLAYER RELEASE

I/We the parent(s) or legal guardian(s) of the above-named candidate for a position on a youth soccer team, hereby represent that such child is in good health and can participate in recreation soccer. (Physical exams by player's physician are recommended.) I/We do further give my/our permission for such child to receive emergency medical and surgical treatment procedures of any kind and nature, which may be deemed advisable by any physician who may attend or treat such child at or during all soccer related activities, including, going to or coming from soccer practice, activities or games. I/We hereby absolutely assume all risks and hazards incidental to such participation and release, absolve, and fully forgive and further agree to indemnify and hold harmless Hattiesburg Youth Soccer Association (HYSA/HFC) and all persons and entities associated with HYSA/HFC including persons transporting my/our child to or from activities. From every claim, demand, action or right or action, of whatever kind or nature, either in law or in equity arising from or by reason of any injury known or unknown or death to my/our child or property damage whether the result of negligence or any other cause. This agreement is given in consideration for my/our child's being allowed to participate in the aforesaid soccer activities. I/we also agree to provide a copy of child's birth certificate upon request by HYSA/HFC.

The applicant/player, and parents, or guardians in the case of minors, agree that registration with HYSA/HFC is a binding agreement. Upon placement on a team and payment of fees (registration, participation or uniform cost), whether whole or partial, the player will have an obligation to complete their requirements as a registered member of HYSA/HFC. As part of these requirements, player will play for no team, club, organization, individual, or group of individuals against any HYSA/HFC sponsored team, unless given written permission by HYSA/HFC. In the event that the team player is assigned is disbanded, I/we understand that team members may be reassigned to other teams at the discretion of HYSA/HFC. If player is not placed on another HYSA/HFC team, player will be released from their obligations to HYSA/HFC.

Signature of Member, Parent or Guardian

Date