



# Hattiesburg Futbol Club

[www.hysams.org](http://www.hysams.org)

Hattiesburg Futbol Club (HFC)

Phone/Fax (601) 268-6806

## 2009 – 2010 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 2009:** \_\_\_\_\_

**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:** \_\_\_\_\_



## Hattiesburg Futbol Club

### **Registration Fees for Division 1 “Select”**

*1 Player \$600.00 2 Players \$1,150.00*

*3 Players \$1,700.00 4 Players \$2,200.00*

### **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.

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Signature of Member, Parent or Guardian

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Date