



ASG Florida Premier Player and Parent Commitment Form

Player Name: _____

AGE: _____

Team Name: _____

BIRTHDAY: _____

Congratulations on being selected to join the (_____) for the **2024-2025 Seasonal Year!** Our Club Staff hope that this will be an enjoyable year for you and your family. As part of our registration process, we want to ensure that you are fully aware and understand the commitments of playing on this team.

By initialing and signing below, you state that:

You understand that since this is a competitive environment, there is NO guarantee of minimum playing time. You also understand and agree to abide by the rule that there is no guest playing with out the express written approval of the Director of Coaching.

Players Initials

Parents Initials

Your signature indicates you are agreeing to play on the above team the entire soccer year of (Aug 1 – July 31).

Players Initials

Parents Initials

INSURANCE NOTICE: All injuries must be reported to FYSA and or US Club within 90 days of the date of the injury.

Players Initials

Parents Initials

You understand that FYSA and US Club have their own Codes of Ethics and Disciplinary rules. Refer to FYSA rules at www.fysa.com and www.usclubsoccer.org

Players Initials

Parents Initials

You have been advised about the required fees, and you agree to pay all fees associated with the club and team, for the complete year unless you are approved for a scholarship.

Players Initials

Parents Initials

PLAYER NAME (PRINT)

PLAYER SIGNATURE

Date

PARENT NAME (PRINT)

PARENT SIGNATURE

Date

(CLUB REPRESENTATIVE)

(TEAM COACH)

Date