Registration #_____ Specific Coach Request_____

FREDERICKSBURG AREA SOCCER ASSOCIATION, INC. (FASA)

PARTICIPANT APPLICATION/REGISTRATION

NAME: _____
(LAST) (FIRST) (MIDDLE)

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____ VOTING DISTRICT: _____

PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

DATE OF BIRTH: _____ SCHOOL: _____ GRADE: _____

PARENT/GUARDIAN NAME(S): _____

PARENT/GUARDIAN EMAIL ADDRESS 1: _____

PARENT/GUARDIAN EMAIL ADDRESS 2: _____

PLAYER EMAIL ADDRESS: _____

IS PARTICIPANT COVERED BY MEDICAL INSURANCE? [ ] YES [ ] NO

PLAYING EXPERINCE: REC: _____#SEASONS CLUB: _____#SEASONS

PREVIOUS CLUBS/TEAMS: REC: _____ CLUB: _____

POSITIONS (OPTIONAL): _____

HOW DID YOU HEAR ABOUT TRYOUTS? _____

FASA membership requires not only the commitment of the player, but also the player's parents. Please indicate below which positions, committees, and activities for which you volunteer ("M" for mother and "F" for father.)

Positions: Team Officer: (manager, treasurer, travel coordinator, fundraiser, etc.) _____

FASA Officer: (elected positions) _____

Committees: (*e.g.*, fields, fundraising, tournament, etc. _____

I, the undersigned parent or guardian of the named participant, do hereby consent to my child's participation in all FASA activities. In consideration for my child's participation in FASA programs, I do hereby release and agree to hold harmless FASA and all persons engaged in said soccer program for any and all injuries received by virtue of my child's participation in the program. Insurance for injuries that may be received while participating in the program is the responsibility of the parent or guardian. FASA and the League shall not be held responsible for injuries of for the failure to medically insure the program's participants. I also agree to adhere to all FASA policies, procedures, and standards of conduct.

Parent/Guardian: _____ Date: _____

*****SEE REVERSE*****

FASA REIMBURSEMENT POLICY

Normally, once a player pays his/her fees, FASA considers such payment to be non-refundable. This policy is particularly relevant to players who voluntarily withdraw from their team after their acceptance of position and have met all financial obligations to FASA. Circumstances in which members seek to transfer to another soccer club, freely wish to discontinue their membership on a FASA team, or were involuntarily removed by a coach due to player misconduct or for non-participation in FASA activities, will not be reimbursed by FASA.

FASA recognizes that, in some cases, a player's request for reimbursement may be reasonable if the conditions under which he/she leaves a FASA team are unexpected and beyond his/her control. For example: a player must move his/her residence to another geographical location outside a reasonable driving distance from the Fredericksburg area; a family emergency prohibiting the player from continuing to participate in soccer competition; or a long term illness/injury is incurred by the player and he/she is unable to participate in at least half of the regularly scheduled league games. Reimbursement under those conditions will be prorated based on the number of games the player is unable to play.

Players who seek reimbursement must submit a written request to the FASA President, citing the basis for reimbursement. At any time a player is denied reimbursement, the parent has the right to appeal the President's decision by petitioning the Board of Directors, either in person or in writing. All reimbursements ordered by the President or the Board of Directors will be paid to the player by the FASA Treasurer within seven (7) days of the date of such approval.

Parent/Guardian: _____ Date: _____

Printed Name: _____