

Registration # \_\_\_\_\_

**FREDERICKSBURG AREA SOCCER ASSOCIATION, INC. (FASA)**

PARTICIPANT APPLICATION/REGISTRATION (**This is for Pre-Registration only** – if player is accepted they must complete our on-line registration process)

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

ADDRESS: \_\_\_\_\_

PHONE#: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CELL PHONE: (optional) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ PHONE: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

PLAYING EXPERINCE: REC: \_\_\_\_\_ #SEASONS SELECT: \_\_\_\_\_ #SEASONS

PREVIOUS CLUBS/TEAMS: REC: \_\_\_\_\_ SELECT: \_\_\_\_\_

POSITIONS (OPTIONAL): \_\_\_\_\_

HOW DID YOU HEAR ABOUT TRYOUTS? \_\_\_\_\_

HOTSPUR SOCCER requires not only the commitment of the players but also the player's parents. Indicate below which positions, committees and activities for which you volunteer. (Indicate "M" for mother and "F" for father.)

Positions: Team Officer: (manager, treasurer, travel coordinator, fundraiser, etc.) \_\_\_\_\_  
FASA Officer: (elected positions – Commissioner, Deputy, Secretary, Treasurer) \_\_\_\_\_  
Committees: (fields\_\_\_\_, fundraiser\_\_\_\_, publicity\_\_\_\_, tryouts\_\_\_\_, uniforms/equipment\_\_\_\_, tournaments\_\_\_\_ (Note: Everyone will be expected to work the tournament.)

I, the undersigned parent or guardian of the named participant, do hereby consent to my child's participation in all activities of FASA. 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 policies, procedures, and standards of conduct of FASA.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*SEE REVERSE SIDE\*\*\***

**INDEMNIFICATION AGREEMENT**

I, \_\_\_\_\_, hereby acknowledge by my signature affixed below that I will review and abide by the league (WAGS, NCSL, ODSL, VSLi, etc.) Code of Conduct Policy. I hereby promise and agree that I will indemnify the Fredericksburg Area Soccer Association (FASA) for any and all fines, fees, or other penalties incurred from any soccer governing body, including but not limited to the Virginia Youth Soccer Association (VYSA), the United States Soccer Federation (USSF) due to a conduct violation by myself or anyone accompanying me. I further agree to pay any and all fees or costs, including but not limited to attorney's fees, collection costs, and court costs, incurred by FASA in collecting any unpaid moneys owed to FASA by me pursuant to the above agreement. I also further agree that FASA may withhold my participating child's player pass until any moneys owed to FASA pursuant to the above agreement are paid.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**REIMBURSEMENT POLICY AND REVIEW OF BYLAWS**

Once a member accepts a position on any FASA team and pays any portion of his/her player fees, the club considers such a payment to be non-refundable.

I have or will read and review the FASA Constitution and Bylaws which are on the FASA website. I accept and agree to abide by these policies.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_