



FAIRFIELD UNION YOUTH SOCCER ASSOCIATION

Mail completed registration and payment to: FUSA 1025 Lake Rd NE Lancaster, OH 43130

NO REFUNDS OR CREDITS

Player's Name: _____	
Date of Birth: _____	Gender: Male / Female
Address: _____	
School Attending _____	
<u>Shirt Size (Please Circle)</u>	
YS (6/8)	YM (10/12)
YL (14/16)	AS
AM	AL
AXL	A2XL
<u>CONTACT INFORMATION</u>	
<u>Primary Contact</u>	
Name: _____	
Relationship: _____	Contact Phone: _____
Email Address: _____	
<u>Secondary Contact:</u>	
Name: _____	
Relationship: _____	Contact Phone: _____
Email Address: _____	
_____ I am interested in SPONSORING/COACHING a team. Please contact me at _____	
<u>SPECIAL REQUEST</u> (Please note special requests cannot always be honored): _____	

MULTI PLAYER DISCOUNT OPTIONS (players must be from same household)

****Make checks payable to FUSA****

****NO REFUNDS OR CREDITS****

1 player \$45 _____ 2 players \$85.00 _____ 3 players \$125.00 _____ 4 players \$165.00 _____

RELEASE

My child has my permission to participate in the FUSA Soccer Program. I understand there are some inherent risks in participating, which could cause injury to my child. In consideration of his/her acceptance on a team, I hereby waive all claims for damages and/or injuries against FUSA, Lancaster Parks & Rec, volunteer coaches, assistants, and referees. Also, by signing this form, I agree to abide by the Parent Code of Conduct set forth by FUSA

Signature: _____

Date: _____
