



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 and
Current Grade Level

Shirt Size (Please Circle)

YS (6/8) YM (10/12) YL (14/16) AS AM AL AXL A2XL

CONTACT INFORMATION

Primary Contact

Name: _____

Relationship: _____ Contact Phone: _____

Email Address: _____

Secondary Contact:

Name: _____

Relationship: _____ Contact Phone: _____

Email Address: _____

_____ I am interested in Coaching a team. Please contact me at _____

SPECIAL REQUEST & SPONSOR REQUEST (Please note special requests cannot always be honored):

MULTI PLAYER DISCOUNT OPTIONS (players must be from same household) **make checks payable to FUSA**

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: _____