



FLORIDA SOCCER ALLIANCE

1900 SEMINOLE SOCCER LOOP - SANFORD - FL - 32771

PHONE: 407-321-5264 FAX:407-321-6192

REGISTRAR EMAIL: registrar@floridasocceralliance.com

PLAYER APPLICATION FORM 2010

Registration requirements:

1. Birth Certificate
2. digital passport size photo emailed to registrar@floridasocceralliance.com
3. Payment

Player Name: _____ Team: U _____ - _____

Date of Birth: ____ / ____ / ____ Player Home Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Fathers Name: _____ Mothers Name: _____

Fathers Phone: _____ Mothers Phone: _____

Fathers Cell: _____ Mothers Cell: _____

Fathers email: _____ Mothers email: _____

Player Lives With: Both Parents Father Mother Other: _____

Person responsible for Payment of fees: _____

Name of person completing this form: _____

Signature: _____ Date: _____

Yes I **GRANT** permission No I **REFUSE** permission

for Florida Soccer Alliance to use photos of my child on their website or any other marketing piece. FSA will not use child's first and last name to describe the individual photo. I am the parent or legal gaurdian of this child.

Signature: _____ Date: _____

Yes, my company would like to know about sponsorship opportunities or donations with Florida Soccer Alliance. Please contact me.

www.floridasocceralliance.com

OFFICE USE:

ORDER #: _____ PAYMENT: _____ CC - CHECK # _____ CASH

TEAM _____ COACH: _____