

West Pasco FC  
Player Registration Form

Player Pass No. \_\_\_\_\_

Player Name \_\_\_\_\_  
Last Name First Name Initial

Phones \_\_\_\_\_  
Home Mother's Cell Father's Cell

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_  
Address \_\_\_\_\_

Gender \_\_\_\_\_ Birth Date \_\_\_\_\_  
mm/dd/yyyy

**\*\*Please note: Child must be 4 years old prior to 8/1/2009  
in order to participate.\*\***

Mother's Name/  
Guardian \_\_\_\_\_

Father's Name \_\_\_\_\_

If your phone number changes please be sure to contact [registrar@westpascofc.com](mailto:registrar@westpascofc.com) as this is how your child's coach will be getting in touch with you.

**INFORMED CONSENT/INSURANCE NOTICE**

**FYSA RECOMMENDS THAT PLAYERS NOT REGISTER TO A TEAM WHOSE AGE GROUP EXCEEDS THE PLAYER'S NORMAL AGE.**

**INSURANCE NOTICE:** All injuries must be reported within 90 days of the date of the injury.

**INFORMED CONSENT:** I, the parent/guardian of the registrant, agree that we will abide by the rules of (CLUB NAME), the state association (FYSA) and all its affiliated organizations. My/our child wishes to participate in soccer during the season of this registration. I/we realize risks are involved in my/our child's participation. I/we understand that the risk to my/our child includes full range of injuries from minor to severe, and the result could be death, paralysis, or other serious, permanent disability. I/we accept this risk as a condition of my/our child's participation.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Age \_\_\_\_\_ Years played: \_\_\_\_\_ Are you new to WPFC?: \_\_\_\_\_  
Shirt Size: YS (4-6) \_\_\_ YM (8-10) \_\_\_ YL (12-14) \_\_\_ AS \_\_\_ AM \_\_\_ AL \_\_\_\_\_  
What is the nature of your child's special need? \_\_\_\_\_  
\_\_\_\_\_

Mail to: West Pasco TOPS, 10314 Fenceline Rd., New Port Richey, FL 34655

OR Fax to: (727) 376-5435

**New players must provide a copy of birth certificate with completed Registration Form**