

Medical Information

FLEC Student: Yes No

If Yes: The below medical information does not need to be provided, but please agree to the following. My student information (including medical & parent's contact information) is up to date at FLEC.

Parent Signature: _____ Date: _____

For all other students:

I / We, the parents of _____, give permission for emergency medical treatment of our child for illness or accident. Parent will be notified first if possible, but coach/staff may initiate emergency procedure if necessary prior to contacting parents.

Parent Name: _____

Phone: _____

Additional Emergency Contact: _____

Relationship: _____

Phone: _____

On Any Medication? Yes No If yes, explain: _____

Allergies? Yes No If yes, explain: _____

Does your child have an EPI Pen? Yes No If yes, where is the EPI Pen during soccer? _____

Does your child have an inhaler? Yes No If yes, where is the inhaler during soccer? _____

Medical conditions? Yes No If yes, explain: _____

Other applicable medical information: _____

Parent/Guardian Signature: _____ Date: _____

Payment Information

Visa, MasterCard, and Discover

Amount: \$ _____ Check # _____ Cash Credit Card

Card # _____ Exp. _____ CVV# _____

Billing Address: _____

Signature: _____

Florida Christian Soccer League

Hosted by:

Forest Lake Education Center

February 26-April 22
for players in grades 2-8



1275 Learning Loop
Longwood, FL 32779
407-862-7688

League Information

Important Dates:

February 26	4:45-6:00	Registration/Tryouts: 2nd-3rd
February 27	4:45-6:00	Registration/Tryouts: 4th-5th
March 1	4:45-6:00	Registration/Tryouts: 6th-8th
March 5 - 9		Spring Break (FLEC)
March 12		Late Registration Closes
March 13 - April 17		*Regular Season Games
April 18 & 19		*Playoffs
April 22		Championship Sunday

League Registration fee: \$95

Late registration after March 2: \$100

SPACE IS LIMITED. THERE WILL ONLY BE 6 TEAMS IN EACH AGE GROUP.

*Regular Season games/playoffs will be played on Monday, Tuesdays & Thursdays. Championship will be played on Sunday April 22.

*Regular Season games are played in two time slots; 4:45 and 5:45

*Rain-out games will be played the following week, announced on website.

*Game schedule will be posted on myflec.com/fcsl on Friday, March 2.

Team sports help teach children commitment and responsibility. Generally, every team will play at least one game each week (weather permitted). Attendance is necessary for players to learn skills and become conditioned. Coaches may, at their discretion, gauge playing time based upon attendance.

Player Conduct Code:

-Obey Rules of the Game

-Show referees, coaches, and opposing players respect

-Show good sportsmanship in both victory and defeat

Any player who does not conduct themselves in a manner in which the referees or League Director deems appropriate will be dismissed from the league.

Player Signature: _____ Date: _____

Player Information

Player Name: _____

Grade Level: 2nd-3rd 4th-5th 6th-8th

School: _____

Shirt Size: YS YM YL YXL AS AM AL AXL

Guardian Name: _____

Email: _____

Emergency Contact Primary: _____

Emergency Contact Secondary: _____

I would like to be involved in the following ways:

Coach / Assistant Coach

Concession Stand

Team Sponsor—\$300 (Company/Family Name on team jersey)

Sponsor Name for Jersey: _____

I/We the undersigned, shall not hold FCSL, FLEC or any of it's coaches, board members, or staff responsible for any injury incurred by the registered player, during practices or games, including any voluntary transportation for said player to or from practices or games. For any injury occurred, participants will use their school's and/or personal health insurance. We hereby agree that FLEC or FCSL, it's members, coaches, and officers shall not be liable for any injury or loss that my child may sustain while participating in activities of any kind, whether sponsored by or under the supervision of FLEC and FCSL and we agree to indemnify and hold harmless FCSL, its members, coaches, officers and designates of any claim whatsoever.

Parent/Guardian Signature: _____ Date: _____

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