


SABR and Florida Youth Soccer are now using the Got Sport platform to register players.

Everyone needs to “CREATE AN ACCOUNT”




**SABR U5 - U19 Recreational 2021-2022**  
21/22 (2021-08-01 - 2022-07-31)  
[www.sabrsoccer.net](http://www.sabrsoccer.net)

SABR U5 - U19 Recreational 2021-2022 This is a new platform for all FYSA clubs. Everyone registering will be creating a new account. Please click on "CREATE AN ACCOUNT" below. If for some reason it says email already exists, click "Forgot Password" for instructions. Please let me know if you have any questions. Thanks, Marlynda SABR Registrar [sabrregistrar@gmail.com](mailto:sabrregistrar@gmail.com)


Log In

[Forgot Password?](#)

Don't have an account? [CREATE AN ACCOUNT](#)



Everyone will be “registering my child or someone else”



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Who are you registering for?

☐ I'm registering my child or someone else

☐ I'm registering myself

Have an account? [SIGN IN TO ACCOUNT](#)



Please enter your child's information here:

### Who are you registering for?

- ☒ I'm registering my child or someone else
- ☐ I'm registering myself

### Registrant's Information

Fill out the information for the person you are registering

Registrant's Legal First Name

Registrant's Legal Last Name

Registrant's Birthdate

Registrant's Gender

Enter “Your” information Parent/Guardian

### Your Information

Fill out your information

First Name\*

Last Name\*

DOB

Gender

Preferred Language

Phone number

Mobile Phone Number

Address

Address (Continued)

City

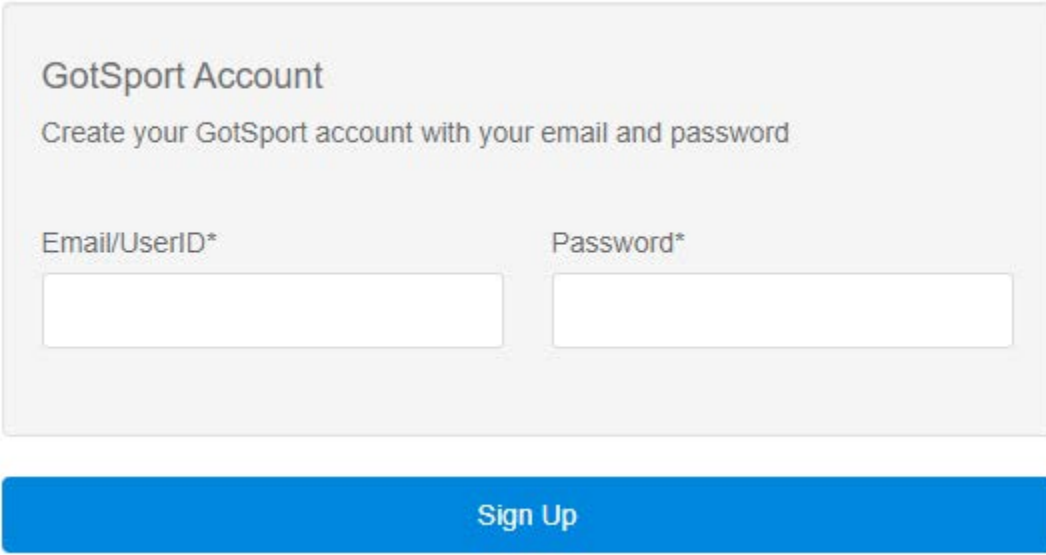
State/Province

Postal Code

Country

Time Zone Name

Create your UserID and Password – this is the parent/guardian primary email address



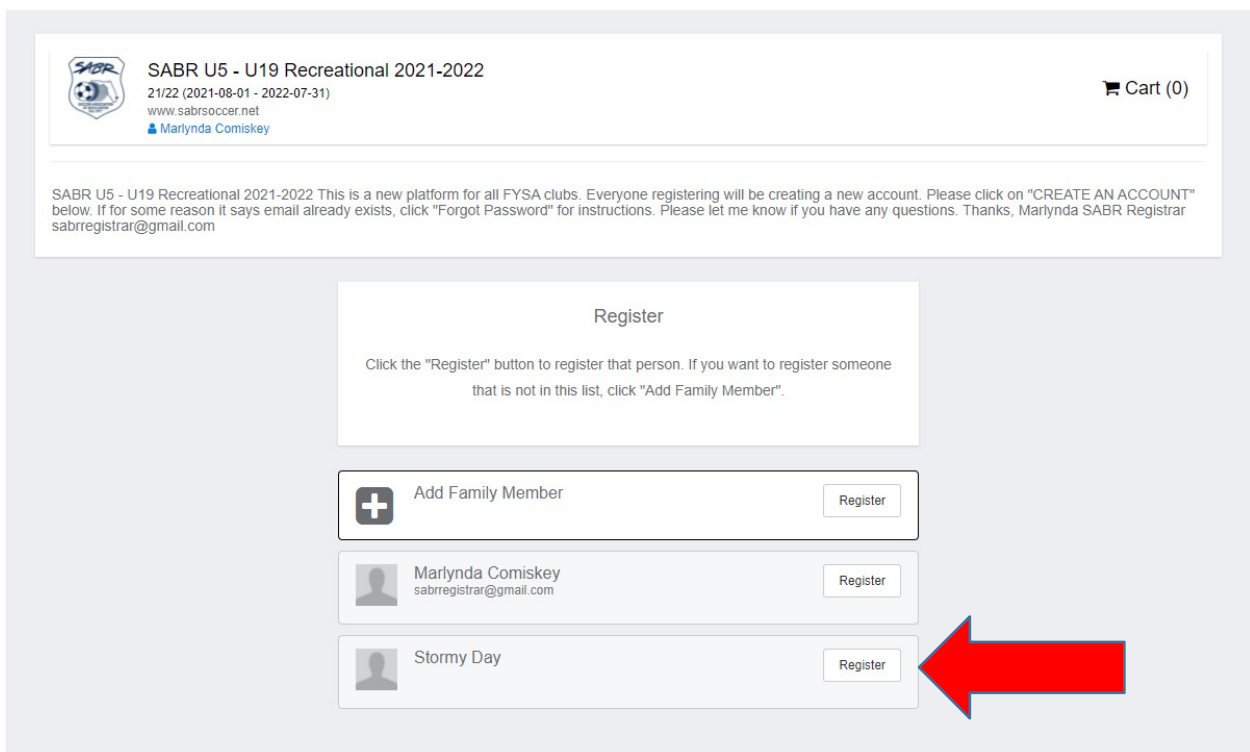
**GotSport Account**  
Create your GotSport account with your email and password


Email/UserID\*


Password\*

**Sign Up**

Register the player that you created!






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Marlynda Comiskey


 Cart (0)

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sabrregistrar@gmail.com


**Register**

Click the "Register" button to register that person. If you want to register someone that is not in this list, click "Add Family Member".

 Add Family Member	<b>Register</b>
 Marlynda Comiskey sabrregistrar@gmail.com	<b>Register</b>
 Stormy Day	<b>Register</b>




Verify player information and add email address for child if applicable




SABR U5 - U19 Recreational 2021-2022

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www.sabrsoccer.net

 Marlynda Comiskey

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Profile


Parents

Emergency Info

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Payment


Features



Stormy Day

[Change User](#)

\*Denotes Required Field



Photo

Choose File

No file chosen

Player Legal First Name\*

Middle Name

Player Legal Last Name\*

Suffix

Stormy

Day

Player Preferred First Name ⓘ

Player UserID/Email Address ⓘ

Player Contact Email\*

SABRregistrar@gmail.com

Player DOB\*

Player Gender

August ▾

28 ▾

2010 ▾

Male ▾

Graduation Year

Player Preferred Language

English (US) (English (US)) ▾

Time Zone Name

Eastern Time (US & Canada) ▾

Phone number\*

Mobile Phone Number\*

5613053315

5613053315

Phone number\*

5613053315

Mobile Phone Number\*

5613053315

Address\*

[Redacted Address]

Address (Continued)

City\*

Delray Beach

State/Province\*

Postal Code\*


33445

Country

United States

Save


Add additional parents if necessary



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ProfileParentsEmergency InfoRegistrationPaymentFeatures




Stormy Day  
[Change User](#)


Add Parent/Guardian

New User

Select

Parents/Guardians

Comiskey, Marlynda  
sabregistrar@gmail.com



Continue

## Add Emergency/Medical/Physician/Insurance information

MEDICAL INFORMATION REQUIRED AN N/A IF NONE

Emergency Contact One	
First Name*	Last Name*
<input type="text"/>	<input type="text"/>
Phone Number*	Alternate Phone Number
<input type="text"/>	<input type="text"/>


Emergency Contact Two	
First Name	Last Name
<input type="text"/>	<input type="text"/>
Phone Number	Alternate Phone Number
<input type="text"/>	<input type="text"/>

Medical Information	
Allergies*	
<input type="text" value="Enter n/a if not applicable"/>	
Medical Conditions*	
<input type="text" value="Enter n/a if not applicable"/>	


Physician	
Physician First Name	Physician Last Name
<input type="text"/>	<input type="text"/>
Physician Phone Number	Alternate Phone Number
<input type="text"/>	<input type="text"/>

Insurance	
Medical Insurance Provider	Insurance Provider Phone
<input type="text"/>	<input type="text"/>

If Sponsoring complete the information, if not scroll down "Save" and continue



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**Stormy Day**  
[Change User](#)

We allow pre-assignment requests only for those who wish to volunteer together: our Coaches in U7 and older, and Team Parents in U5 and U6. Pre-assignments are not guaranteed. Player requests are NOT allowed by anyone, including Coaches, Team Parents, and Sponsors. Children of volunteers are placed on the team with their parent. Only 2 volunteers may serve together on one team. In no case will we allow more than 2 players to be pre-assigned to the same team (or 3 in the case when the coach or assistant coach children are siblings). The only exception is for pre-assignment of siblings of non-volunteers provided SABR is advised during registration and exclusive of children added to the teams from the wait list. We then generate team rosters without any further adjustments. No trades or preferential player assignments will be permitted to avoid problems of team imbalance. THERE WILL BE NO EXCEPTIONS. GAMES AND PRACTICES CAN POSSIBLY BE ANY DAY OF THE WEEK, INCLUDING FRIDAY NIGHTS, SATURDAY AND SUNDAY. Requests for specific practice nights are accommodated only for parents who serve as a volunteer Coach or Team Parent. Team sponsors may request practice nights, which we will try to accommodate after teams are built, but we cannot guarantee.

**PLEASE COMPLETE THIS INFORMATION IF YOU ARE SPONSORING A TEAM!!!!** Opportunities and donation amounts selected during the check out. Sponsorship opportunities starting at \$395 for team sponsors. Higher levels available at division and club level. Sponsors will be contacted by our Sponsor Coordinator to confirm details.

**IF YOU ARE NOT SPONSORING, SCROLL DOWN TO THE BOTTOM AND SIGN THE AGREEMENT BEFORE CONTINUING**

COMPANY NAME

Start Typing...



### JERSEY COLOR CHOICE 3

Select One...



### Team Practice Night Choice 1: Request a practice night preference (subject to availability)

Select One...



### Team Practice Night Choice 2

Select One...



Sponsorship does **NOT** include player registration. SABR will make every effort to accommodate Sponsor requests regarding Team Name, Color, and Practice Night, but makes **NO GUARANTEE** that such requests will be fulfilled based on availability. **Neither Player nor Coach requests will be accommodated.** Please refer to the SABR Handbook and/or [SABR F.A.Q.'s online](#) for player pre-assignment rules and regulations.

Questions/Opportunities, email: [sponsor@sabrsoccer.net](mailto:sponsor@sabrsoccer.net)

(Tax Deductible 501c(3) Donation)

Save (Page 1 of 2)



Choose a volunteer opportunity (if applicable)

“How did you hear about SABR?”

Then scroll down and Sign the agreement using your mouse on a PC/Laptop or your finger on Phone/iPad

Profile


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 Stormy Day  
[Change User](#)

Volunteer opportunities

Select One... ▼

\* How did you hear about SABR?

Select One... ▼

FYSA CODE OF ETHICS

Players

- I will encourage good sportsmanship from fellow players, coaches, officials and parents at all times.
- I will remember that soccer is an opportunity to learn and have fun.
- I deserve to play in an environment that is free of drugs, tobacco, and alcohol; and expect everyone to refrain from their use at all soccer games.
- I will do the best I can each day, remembering that all players have talents and weaknesses the same as I do.
- I will treat my coaches, other players and coaches, game officials, other administrators, and fans with respect at all times; regardless of race, sex, creed, or abilities, and I will expect to be treated accordingly.
- I will concentrate on playing soccer. Always giving my best effort.
- I will play by the rules at all times.
- I will at all times control my temper, resisting the temptation of retaliation.
- I will always exercise self control.
- My conduct during competition towards play of the game and all officials shall be in accordance with appropriate behavior and in accordance with FIFA's "Laws of the Game," and in adherence to FYSA rules.
- While traveling, I shall conduct myself so as to bring credit to myself and my team.

Parents/Spectators

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, game officials, and administrators at all times.
- I will place the emotional and physical well being of all players ahead of any personal desire to win.
- I will support the coaches, officials, and administrators working with my child, in order to encourage a positive and enjoyable experience for all.
- I will remember that the game is for the players, not for the adults.
- I will ask my child to treat other players, coaches, game officials, administrators, and fans with respect.
- I will always be positive.
- I will always allow the coach to be the only coach.
- I will not get into arguments with the opposing team's parents, players, or coaches. ☐ I will not come onto the field for any reason during the game.
- I will not criticize game officials.
- I shall not possess, consume or distribute before, during or after any game or at any other time at the field and/or game complex alcohol, tobacco, illegal drugs or unauthorized prescription drugs.
- I will refrain from any activity or conduct that may be detrimental or reflect adversely upon FYSA, its members or its programs.

Failure to comply may result in the suspension of your privilege to participate in FYSA sanctioned events, for the following periods: 1st offense -- suspension for a minimum of thirty (30) days to a maximum of five (5) years. 2nd offense -- suspension for a minimum of one (1) year to a maximum of ten (10) years. 3rd offense -- suspension for a minimum of five (5) years to a maximum of fifty (50) years. NOTE: Any individual charged with a violation of this Code of Ethics shall be afforded due process as defined in FYSA's Rule Section 600 before the implementation of any suspension.

Release: I hereby give The Soccer Association of Boca Raton permission to use in their handbook, for advertising or on the website, any soccer pictures in which the players photograph appears.

---


Please Sign Above

Clear

Save (Page 1 of 1)



## Complete MANDATORY items for FLORIDA YOUTH SOCCER



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Profile


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**Stormy Day**  
[Change User](#)

U12 (08/28/2010)




**Concussion Waiver 21/22**  
Florida Youth Soccer Association

Start



**Medical Release 21/22**  
Florida Youth Soccer Association

Start




**PLAYER COMMUNICABLE DISEASE/COVID-19 RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT**  
Florida Youth Soccer Association

Start

Continue



Check the box, sign and save the page



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**Concussion Waiver 21/22**  
Florida Youth Soccer Association

**FLORIDA YOUTH SOCCER ASSOCIATION CONCUSSION INFORMED CONSENT**

Pursuant to Florida Statute 943.0438, this form must be signed by all youth participants and parent/legal guardians before participating in athletic competition or engaging in any practice, tryout, workout, or other physical activity associated with the youth's candidacy for an athletic team.

**Concussion Information**

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. Concussions can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a "ding" or a "bump" on the head can be serious. You cannot see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

**Signs and Symptoms Observed by Parents or Coaches**

\*

☐ By signing this agreement, I acknowledge I have read and understand Parent/Legal Guardian of concussion and head injury, including the risk of continuing to play after concussion or head injury, that explains the nature and risk each year before participating.

Please Sign Above

Clear

Save (Page 1 of 1)

## Medical Release Form - sign and save the page



### Medical Release 21/22 Florida Youth Soccer Association

#### PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

Recognizing the possibility of injury or illness, and in consideration for US Youth Soccer and members of US Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of US Youth Soccer and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs. I hereby authorize the transportation of my son/daughter to or from the Programs.

My player son/daughter has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of soccer. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

---

Please Sign Above

Clear

Save (Page 1 of 1)

Player Communicable/Disease/Covid-19 Release of Liability - sign and save the page



**PLAYER COMMUNICABLE DISEASE/COVID-19 RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT**  
Florida Youth Soccer Association

**FYSA COMMUNICABLE DISEASE  
RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT**

In consideration of being allowed to participate in any way in any Florida Youth Soccer Association, Inc. ("FYSA") related events and activities I, the undersigned participant, parent, or legal guardian, acknowledge, appreciate, and agree that:

By participating in FYSA related events and activities, there are certain risks to me arising from or related to possible exposure to communicable diseases including, but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for the Coronavirus Disease (also known as COVID-19) and/or any mutation or variation thereof (collectively referred to as "Communicable Diseases"). I am fully aware of the hazards associated with such Communicable Diseases and knowingly and voluntarily assume full responsibility for any and all risk of personal injury or other loss that I may sustain in connection with such Communicable Diseases.

I, for myself or for my minor child(ren) or ward(s), and on behalf of my/our heirs, assigns, beneficiaries, executors, administrators, personal representatives, and next of kin, **HEREBY EXPRESSLY RELEASE, HOLD HARMLESS, AND FOREVER DISCHARGE FLORIDA YOUTH SOCCER ASSOCIATION, INC.** and its officers, officials, agents, representatives, employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises upon which FYSA related events and activities take place (the "Released Parties"), from any and all claims, demands, suits, causes of action, losses, and liability of any kind whatsoever, whether in law or equity, arising out of or related to any **ILLNESS, INJURY, DISABILITY, DEATH, OR OTHER DAMAGES** incurred due to or in connection with any Communicable Diseases, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES OR OTHERWISE**, to the fullest extent permitted by law.

I agree that this Agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Florida, and if any portion hereof is held invalid, it is agreed that the remainder shall continue in full legal force and effect.


**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

\_\_\_\_\_  
Please Sign Above

Clear

Save (Page 1 of 1)


Once COMPLETE Continue



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**Stormy Day**  
[Change User](#)

U12 (08/28/2010)




**Concussion Waiver 21/22**  
Florida Youth Soccer Association

✓ Complete



**Medical Release 21/22**  
Florida Youth Soccer Association


✓ Complete



**PLAYER COMMUNICABLE DISEASE/COVID-19 RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT**  
Florida Youth Soccer Association

✓ Complete

Continue





## Select Payment

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Cart (0)

Profile Parents Emergency Info Registration **Payment** Features

Stormy Day U12 (08/28/2010)  
[Change User](#)

**BOYS U12 - 2010**

Boys U12 - 2010

Initial Fee	\$185.00
Total	\$185.00

✓ Allows Credit Debit Payments

Select

Choose Quantity 1. If you live outside the Greater Boca Raton Beach and Park District, you must pay the Non-Resident Fee. See District map to check: <http://mybocaparks.org/who-we-serve>

**There is not a hyper link to the map in the registration software – you must copy and paste the link into a new browser window to see if you live outside the District.**


Select Quantity	Name	Amount
0	<b>Non-Resident Player Fee</b> City of Boca requires that all athletes that live outside of the Greater Boca Raton Beach & Park District pay a 65.00 non-resident fee. This fee will be charged with your initial payment. ALL PLAYERS THAT HAVE NOT PAID THE APPROPRIATE FEE WILL BE SUSPENDED If you are not sure, please visit <a href="http://mybocaparks.org/who-we-serve">http://mybocaparks.org/who-we-serve</a> to check your address.	<b>\$65.00</b>

If sponsoring, choose Quantity 1 for the applicable Sponsorship

Sponsor Opportunities		
Select Quantity	Name	Amount
<input type="text" value="0"/> ▼	<b>01-Team Sponsor U5-U19</b> CORPORATE LOGO or Team Name on Team Jersey front	<b>\$395.00</b>
<input type="text" value="0"/> ▼	<b>02-Team Sponsor U5-U19</b> CORPORATE LOGO or Team Name on Team Jersey front and Logo or Team Name on Shorts	<b>\$445.00</b>
<input type="text" value="0"/> ▼	<b>03-Team Sponsor U5-U19</b> CORPORATE LOGO or Team Name on Team Jersey front and Logo or Team Name on Jersey Back above Number	<b>\$445.00</b>
<input type="text" value="0"/> ▼	<b>04-Team Sponsor U5-U19</b> CORPORATE LOGO or Team Name on Team Jersey front, Shorts, and Jersey Back above Number	<b>\$495.00</b>
<input type="text" value="0"/> ▼	<b>05-Team Sponsor TOPSoccer</b> Corporate Logo or Team Name on Team Jersey	<b>\$500.00</b>
<input type="text" value="0"/> ▼	<b>99-Premium Level Sponsorship - Multiple Teams</b> Premium Level Sponsorship - I am interested in Keeper, Division, Silver, Gold, or Platinum Level Sponsorship. Please contact me to finalize my Sponsorship. Refer to SABR Sponsorship Application on SABRSoccer.net for detailed descriptions of Sponsor Levels.	<b>\$0.00</b>

[Continue](#)




Choose “Checkout” or Register another player



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Cart (2)

**Cart**


Item	Quantity	Price	
 Stormy Day PLAYER	1	\$185.00	Select Different Plan 
Non-Resident Player Fee	1	\$65.00	

Checkout

Add Item to Cart

Register Someone Else

If adding another player, click Register to Add Family Member and repeat the process




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sabrregistrar@gmail.com

Register


Click the "Register" button to register that person. If you want to register someone that is not in this list, click "Add Family Member".

 Add Family Member

Register

 Marlynda Comiskey  
sabrregistrar@gmail.com

Register

 Stormy Day  
Player Ready To Submit

Continue

If Checking out – Enter CC information, **Check Yes, I agree and the Pay**

Fill out form to complete registration

Charged Today	\$250.00
Charged Later	\$0.00
<b>Total</b>	<b>\$250.00</b>

Credit Card Information

Credit Card Number

Card Number

Expiration Date

MM/YYYY

Cvc Code

CVV

Payment Terms

Payment must be made in full for the player to be registered.

SABR will honor all registration cancellation refund requests up to September 30, 2021, less a \$25.00 administrative fee. All requests must be in writing.

Your registration fee includes uniforms, insurance, equipment, coaches training and affiliation with FYSA . These expenses are paid in advance of our 2021–2022 season and cannot be recouped.

Email requests to [Registrar@sabrsoccer.net](mailto:Registrar@sabrsoccer.net)

☐ Yes, I agree

Pay

DUE TODAY

Non-Resident Player Fee (1)	\$65.00
Program Registration - Stormy Day - Player	\$185.00
<b>Total</b>	<b>\$250.00</b>

DUE LATER

<b>Total</b>	<b>\$0.00</b>
--------------	---------------

WAITLIST

<b>Total</b>	<b>\$0.00</b>
--------------	---------------