


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

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


Email/UserID

Password


[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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sabrregistrar@gmail.com

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!

 **SABR U5 - U19 Recreational 2026-2027** Cart (0)


[Registration Information](#)
26/27 (2026-08-01 - 2027-07-31)
www.sabrsoccer.net
Marlynda Comiskey


SABR U5 - U19 Recreational English (US) (English)


Register


Click the "Register" button to register that person. If you want to add new family member, click "Search"

[+](#) Add Family Member [Search](#)


 Marlynda Comiskey
marlyndac@att.net [Register](#)

 Marlynda Comiskey [Register](#)

 Marlynda Comiskey
marlyndacomiskey@gmail.com [Register](#)

 Sunny Day
marlyndahall@gmail.com [Register](#)


Verify player information and add email address for child if applicable

 SABR U5 - U19 Recreational 2026-2027 Cart (0)

Registration Information
26/27 (2026-08-01 - 2027-07-31)
www.sabrsoccer.net
[Marlynda Comiskey](#)

English (US) (English)

Profile Parents Emergency Info Registration Payment Features

 Sunny Day
[Change User](#)

*Denotes Required Field


 Photo
Please upload a passport style portrait. This photo will appear on your association identification card or official roster.
[Edit Image](#)
[Choose File](#) No file chosen

Photo Requirements

- Passport-style / headshot photo
- Maximum file size: 3MB
- Must be a photo of the individual only (no family or group photos)
- Accepted file types: JPEG, JPG, PNG
- Live photos are not accepted

Player Legal First Name*	Middle Name	Player Legal Last Name*	Suffix
<input type="text" value="Sunny"/>	<input type="text"/>	<input type="text" value="Day"/>	<input type="text"/>
Player Preferred First Name ⓘ	Player UserID/Email Address ⓘ	Player Contact Email* ⓘ	
<input type="text"/>	<input type="text" value="marlyndahall@gmail.com"/>	<input type="text" value="marlyndac@att.net"/>	
Player DOB*	Player Gender		
<input type="text" value="August"/> <input type="text" value="28"/> <input type="text" value="2008"/>	<input type="text" value="Male"/>		
Graduation Year	Player Preferred Language		
<input type="text"/>	<input type="text" value="English (US) (English (US))"/>		
Ethnicity			
<input type="text" value="Choose Not to Disclose"/>			

Phone number*

Mobile Phone Number*

Address*

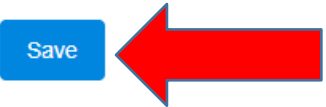
Address (Continued)

City*

State/Province*

Postal Code*

Country



Add additional parents if necessary

SABR U5 - U19 Recreational 2026-2027

Registration Information

26/27 (2026-08-01 - 2027-07-31)

www.sabrsoccer.net

Marlynda Comiskey

Cart (0)

English (US) (English)

Profile
Parents
Emergency Info
Registration
Payment
Features

Sunny Day

[Change User](#)

Add Parent/Guardian

New User

Select

Parents/Guardians

Comiskey, Marlynda

marlyndac@att.net

Save and Continue

Add Emergency/Medical/Physician/Insurance information

MEDICAL INFORMATION REQUIRED AN N/A IF NONE


Emergency Contact One		Emergency Contact Two	
First Name*	Last Name*	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number*	Alternate Phone Number	Phone Number	Alternate Phone Number
<input type="text"/>	<input type="text"/>	<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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Cart (0)

English (US) (English)

Profile > Parents > Emergency Info > **Registration** > Payment > Features

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

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 NOT PLEASE SCROLL DOWN TO THE BOTTOM, SAVE AND CONTINUE

COMPANY NAME

Start Typing...

CONTACT NAME, PHONE AND ADDRESS

Start Typing...

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

Select One...

Team Practice Night Choice 2: SPONSORS ONLY

Select One...

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.

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.

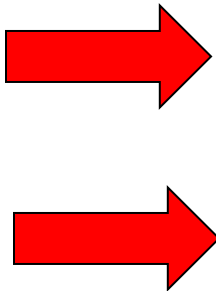
Questions/Opportunities, email: sponsor@sabrsoccer.net
(Tax Deductible 501c(3) Donation)

[Save and Continue \(Page 1 of 2\)](#)


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 Parents Emergency Info **Registration** Payment Features

 Sunny Day
[Change User](#)

***How did you hear about SABR?**

Select One...

Volunteer opportunities

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.
- 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 never use abusive or insulting language. I will treat everyone with dignity.

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.

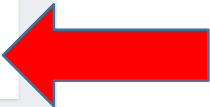
Failure to comply may result in the suspension of your privilege to participate in FYSA sanctioned events, for the following periods: 1st offense -- suspension for a minimum of thirty (30) days to a maximum of five (5) years. 2nd offense -- suspension for a minimum of one (1) year to a maximum of ten (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






SABR U5 - U19 Recreational 2021-2022
21/22 (2021-08-01 - 2022-07-31)
www.sabrsoccer.net
Marynda Comiskey

Cart (0)

Profile > Parents > Emergency Info > **Registration** > Payment > Features


 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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Marynda Comiskey

Cart (0)

Profile > Parents > Emergency Info > **Registration** > Payment > Features



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

Save (Page 1 of 1) Clear

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






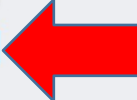
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Marynda Comiskey

Cart (0)

Profile > Parents > Emergency Info > **Registration** > Payment > Features

 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

SABR U5 - U19 Recreational 2026-2027

Registration Information

26/27 (2026-08-01 - 2027-07-31)

www.sabrsoccer.net

Marilynda Comiskey

English (US) (English)

Profile > Parents > Emergency Info > Registration > **Payment** > Features

Sunny Day
Change User

U18 (08/28/2008)

BU19

Boys Under 19

Initial Fee	\$195.00
Total	\$195.00

Allow Online Payments (Credit Card)

Select

Expand the "+" for Sponsorship Opportunities

Expand the "+" on Non-Resident if you live outside the Greater Boca Raton Beach and Park District, and choose Qty 1 if 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.

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Sunny Day
Change User

Sponsorship +

Non - Resident +

Continue


If sponsoring, choose Quantity 1 for the applicable Sponsorship

 **SABR U5 - U19 Recreational 2026-2027** 🛒 Cart (0)

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

Sponsorship -


Select Quantity	Name	Amount
0	01-Team Sponsor U5-U19 CORPORATE LOGO or Team Name on Team Jersey front	\$395.00
0	02-Team Sponsor U5-U19 CORPORATE LOGO or Team Name on Team Jersey front and Logo or Team Name on Shorts	\$445.00
0	03-Team Sponsor U5-U19 CORPORATE LOGO or Team Name on Team Jersey front and Logo or Team Name on Jersey Back above Number	\$445.00

 **SABR U5 - U19 Recreational 2026-2027** 🛒 Cart (0)

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English (US) (English)

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

Sponsorship +


Non - Resident -

Select Quantity	Name	Amount
0	Non-Resident Player Fee There is an additional one-time \$65 Annual Non-City of Boca Raton Resident fee (Non-Resident Fee) charged to all players who live outside the City of Boca Raton Beach & Parks District. This fee will be added to your registration fee only if you are a Non-Resident and are selected to a team. If you are unsure if you are in or out, please visit http://mybocaparks.org/who-we-serve to check your address.	\$65.00

[Continue](#)



Choose "Checkout" or Register another player



 **SABR U5 - U19 Recreational 2026-2027** Cart (1)

[Registration Information](#)
26/27 (2026-08-01 - 2027-07-31)
www.sabrsoccer.net
[Marlynda Comiskey](#)

English (US) (English)

Note: You have **NOT** yet completed registration. Click **'Continue to Checkout'** below to review and submit your application.

Cart


Item	Quantity	Price	
 Sunny Day marlyndahall@gmail.com PLAYER	1	\$195.00	Select Different Plan 

[Continue to Checkout](#)

Add Item to Cart

[Register Someone Else](#)

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

 **SABR U5 - U19 Recreational 2026-2027** Cart (1)


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[Marlynda Comiskey](#)


English (US) (English)

SABR U5 - U19 Recreational


Register

Click the "Register" button to register that person. If you want to add new family member, click "Search"


 Add Family Member[Search](#)

 Marlynda Comiskey
marlyndac@att.net

[Register](#)

 Marlynda Comiskey

[Register](#)

 Marlynda Comiskey
marlyndacomiskey@gmail.com

[Register](#)

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

Registration Fee	\$195.00	DUE TODAY	
Due Today	\$195.00	Program Registration - Sunny Day - Player	\$195.00
Due Later	\$0.00	Total	\$195.00
Total	\$195.00		

Online Payment (Credit Card) Information

Credit Card Number

Expiration Date

Cvc Code

Payment Terms

Payment must be made in full for the player to be registered. If you did not check out-of-district and your player's address is listed as out-of-district, SABR will manually assign this charge to your account.

SABR will honor all registration cancellation refund requests up to September 13, 2026, 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 before our 2026-2027 season and cannot be recouped.

Email requests to SABRregistrar@sabrsoccer.net

SABR will honor all registration cancellation refund requests up to September 13, 2026, 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 before our 2026-2027 season and cannot be recouped.

Email requests to SABRregistrar@sabrsoccer.net

GotSport Terms of Use

I authorize payment for the fees set forth above. If you have selected a payment plan, you agree to make all payments pursuant to your payment plan schedule.

I have read and accept the [Terms of Use](#), [Privacy Policy](#), and [Refund Policy](#). I agree that GotSoccer may share the information I provide with the organizer to fulfill this registration.

Yes, I agree

Pay

