



Office Use Only

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AGE GROUP

Player #

Tryout Registration Release Form

PLAYER'S INFORMATION

Prior Team Name: _____ Sunday Play: Yes No
Division: _____

REQUIRED INFORMATION: Male Female

_____		_____	
Player's Name		Date of Birth: Month/Day/Year	
_____		_____	
Street Address		City	Zip
Father's Name: _____		Home Phone _____	
Email _____		Cell Phone _____	
Mother's Name: _____		Home Phone _____	
Email _____		Cell Phone _____	
Guardian's Name: _____		Home Phone _____	
Email _____		Cell Phone _____	

PARTICIPANT RISK STATEMENT

I, the undersigned, am a parent or legal guardian of the named minor. I fully understand that participating in the sport of soccer presents a risk for serious injury and death. In my capacity as parent or legal guardian, I understand the risks and my responsibility to notify the other parent or legal guardians as well as the minor of the risks involved with sport participation. I have made a conscious decision to allow the named minor to play. I agree that my health and accident insurance will be the primary insurance to cover expenses for any such injury, including rehabilitations.

PARENT/GUARDIAN SIGNATURE: _____ DATE _____