

COMPLETE AND TURN IN AT TRYOUTS



Player's Name: _____

Birth Date: ____ / ____ / ____

Player's Email Address: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Most recent club & team you played for: _____

Position: _____

Mother's Name & Cell Phone : _____

Mother's Email Address: _____

Father's Name & Cell Phone: _____

Father's Email Address: _____

Consent & Waiver

I recognize and understand that soccer is a sport involving risks not encountered in every day play. With this understanding, in consideration of Adena Futbol Club and GSCYSA permitting my child to participate in competitive team tryouts, I covenant and agree to indemnify and hold harmless and do release, and forever discharge, Adena Futbol Club, GSCYSA, both Boards of Directors, coaches, referees and other such volunteers connected with these organizations, in any capacity, for any and all damages, claims, and/or liability arising out of any and all injury to or caused by my child. With this knowledge and understanding of the foregoing, this is to certify that my child has my permission to participate in Select Club tryouts with the Adena Futbol Club.

Signature of Parent or Guardian

Date

Organization Use Only

Age Division: _____

Try-Out Number: _____