

FALCONSFC

2009/2010 Tryout registration form

Tryout # _____

This form must be filled out completely and signed by a parent or legal guardian before tryouts.

Player/Parent Information

Player's name: _____ DOB: _____ Age: _____ U _____

Player's grade (Fall 2009): _____

Parent/Guardian's name: _____

Parent/Guardian's daytime phone: _____

Parent/Guardian's cell: _____

Email address: _____

Address: _____ City: _____

State: _____ Zip: _____

Emergency contact: _____

Phone: _____ Cell: _____

Player must be dressed appropriately for soccer (with cleats and shin-guards) and be ready to play at the appointed time. Bring sufficient amounts of water or appropriate beverage to the tryouts.

Medical/Legal Authorization:

I, the legal guardian of the above applicant authorize the Falcons Futbol Club personnel to request medical treatment as necessary to insure the safety and well being of my dependent. I know of no medical or other reason why applicant cannot participate in soccer activities. I hereby waive Falcons Futbol Club and their personnel against any and all liability, judgments, or demands for damages arising as a result of injuries sustained during the applicant's participation in Tryout activities. I understand and accept the potential for injury and our child participates at his/her own risk. I agree to pay for any property damage my dependent may cause during their stay.

Parent/Guardian signature: _____ Date: ____/____/____

Please bring the completed form to the tryouts.