



# TRYOUT REGISTRATION FORM

AGE GROUP \_\_\_\_\_ BOYS \_\_\_\_ GIRLS \_\_\_\_\_

TRYOUT# \_\_\_\_\_

PLAYER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

PARENT(S) \_\_\_\_\_

PARENT(S) EMAIL \_\_\_\_\_

\_\_\_\_\_

PLAYER EMAIL \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

### DISCLAIMER

We recognize and agree to assume the risks of accident or injury associated with the Hastings FC soccer tryouts. In consideration for participating in the tryouts, we waive any claims against, and agree to discharge and release, Hastings FC, its representative and sponsors, and associated parties, including owners of the fields or facilities used for tryouts, from all claims by or on behalf of a player that my result from the tryouts.

We also agree to indemnify the above-named parties for any such claims, including payment of reasonable attorney fees and expenses, which may be brought as a result of the tryouts.

**ALL PLAYERS AND PARENTS (if player is under 18) MUST SIGN BELOW TO ACKNOWLEDGE HAVING READ AND UNDERSTOOD THIS DISCLAIMER. SIGNATURES ARE REQUIRED TO PARTICIPATE IN TRYOUTS.**

PLAYER SIGNATURE \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_