

PLEASE FILL OUT ALL THREE FORMS PER PLAYER TRYING OUT

**IMPACT UNITED SOCCER CLUB – COMPETITION TRY-OUT REGISTRATION FORM**

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

Player Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age Group U- \_\_\_\_\_ Gender \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Name Attending \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Previous Soccer Experience (yrs) REC \_\_\_\_\_ COMP \_\_\_\_\_ Previous Club \_\_\_\_\_

I, the undersigned am a parent or legal guardian of the named minor. I fully understand that participating in the sport of soccer presents risk of injury, potential serious and/or death. I as guardian and parent of named minor have made a conscious decision to allow the named minor to participate in this and/or subsequent tryouts and further agree to indemnify and hold harmless Impact United Soccer Club, its officers, coaches and other associated staff from any claims whatsoever resulting from injury resulting from such participation. I agree that my health and/or accident insurance shall be the sole insurance applicable to cover any expenses incurred due to injury, including any rehabilitation.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Relationship \_\_\_\_\_

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