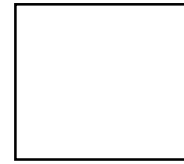




TC United

Club Soccer
Tryout Registration Form



PLEASE PRINT LEGIBLY

Age Group

PLAYER INFORMATION

Player's Full Name	DOB	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Player's Physical Address	City	Zip	
Current Coach	Years of Soccer Experience		
Chose to Tryout Because			
List Any Medical Concerns Player Has			
Involved with Other Sports (If Yes Provide details on Season, Practice Days, and Game Days)			
Would you be interested in dual-rostering to a second team for an additional \$25 state multi roster fee?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

PARENT/GUARDIAN INFORMATION

Name of Parent/Guardian 1	Relation to Child		
Mailing Address	City	Zip	
Home Phone	Cell Phone	Email	
Name of Parent/Guardian 2	Relation to Child		
Mailing Address	City	Zip	
Home Phone	Cell Phone	Email	

CONSENT FOR MEDICAL TREATMENT

As parent or legal guardian of the above-named minor, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are deemed necessary to preserve the life, limb, or well-being of the registrant.

Parent/Guardian Signature	Date
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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/or 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 participate and play. I agree that my health and accident insurance will be the primary insurance to cover expenses for any such injury, including rehabilitation.

Parent/Guardian Signature	Date
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ADMINISTRATIVE USE ONLY

Received By	Date
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TC United reserves the right to use the given email addresses for the benefit of TC United