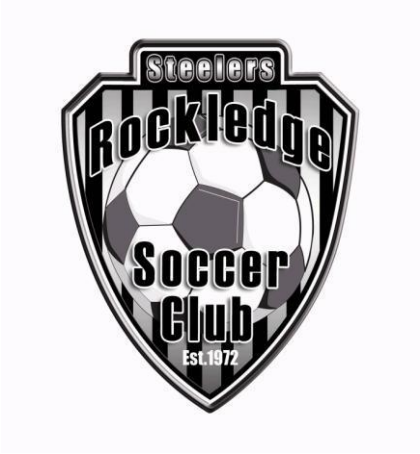

Age group:
(U10__) (U11__) (U12__) (U13__) (U14__)(U16__)(U17__)(U18__)

Girls:_____ Boys (Co-ed):_____

UNIFORM: *YS YM YL AS AM AL AXL* Shirt_____ Shorts_____ Socks_____

Rockledge Soccer Club
Competitive try out Form

Player Pass No.:_____

Try out number:_____

Player Name: _____ _____ _____
Last Name First Name Middle Initial

Phones: _____ _____ _____
Home Work Mobile

Address: _____

_____

City: _____ Zip _____

Gender: _____ Birth Date: _____ Citizen: ___ Yes ___ No
mm/dd/yyyy

Email Address _____

Parent/Guardian Name _____

By signing this you the above named participant (and/or parent of the above named participant), understand this in no way guarantees a spot on the2008/2009 Competitive team they are currently trying out for. You will be notified by the Head Coach of the team once they have been accepted to the team and you will be required to fill out an official registration form at that time.

INFORMED CONSENT/INSURANCE NOTICE

FYSA RECOMMENDS THAT PLAYERS NOT REGISTER TO A TEAM WHOSE AGE GROUP EXCEEDS THE PLAYER'S NORMAL AGE.

INSURANCE NOTICE: All injuries must be reported within 90 days of the date of the injury.

INFORMED CONSENT: ** PLEASE NOTE ONLY THE PARENT OR LEGAL GUARDIAN OF CHILD MAY COMPLETE THIS FORM. ***
I, the above named participant (or parent of the above named participant), acknowledge that I am completely aware of the inherent risks associated with soccer, and hereby waive, release, and discharge the state association (FYSA) and all of its affiliated organizations, as well as their officers, directors, employees and agents (collectively, the "Released Parties"), from any and all liability and responsibility in the event that I (or my child) become injured in any way during my participation (or my child's participation) in soccer events or activities associated with the Released Parties. I further state that I take full responsibility for any injury that may occur as a result of my participation (or my child's participation), and that I will not hold the Released Parties responsible for any aggravation of preexisting injuries prior to or during my participation (or my child's participation) in any soccer events or activities associated with the Released Parties.

Parent/Guardian Signature:_____ Date:_____