

**KENDALL SOCCER COALITION
2010-2011 SEASON TRYOUT REGISTRATION FORM**



Tryout #

Player's Last Name:		Player's First Name:		Gender:	Birth Date:
				Boy <input type="checkbox"/>	
				Girl <input type="checkbox"/>	
Home Telephone:	Player's Cell Phone:	Player's Email:			
Club/Team Played for Last Season:		Preferred Age Group:		Preferred Position:	
Father's Name:		Father's Cell Phone:		Father's Email:	
Mother's Name:		Mother's Cell Phone:		Mother's Email:	
Home Address:					
City:		Zip Code:		HS Grad Year:	

In recognition of, and with knowledge of, the fact that engaging in the sport of soccer could involve substantial risk of personal injury, I, the undersigned, warrant that my child is in good physical condition and hereby agree to assume the risk of any injury he or she may suffer as a result of his/her participation in try-outs at Kendall Soccer Coalition. Therefore, in consideration for being permitted to participate in such try-outs, I hereby release, waive, and forever discharge Kendall Soccer Coalition, its Coaches and trainers from any and every claim, demand or actions of whatever kind, arising from any bodily harm or personal injury resulting from any accident which may occur as a result of participation in these try-outs. Further, and to the same extent and scope, I release said parties from any claim whatsoever which may be attributable to the receipt of first aid or other emergency treatment rendered my child in connection with his or her participation in such try-outs. I understand that Kendall Soccer Coalition will not provide any assistance with any medical bill(s) associated with the try-out should my child be injured.

Parent/Guardian
Signature

Date
