

Tynecastle FC      Player Participation Form

Gender	Age	Date of Birth xx/xx/xxxx	Date	Event:	<input type="checkbox"/> Scrimmage
					<input type="checkbox"/> Practice
					<input type="checkbox"/> Guest Player
P L A Y E R	Players full legal name:				
	Address:		City	Zip	
	Email parent:			Phone:	
	Email player:			Cell:	
Parent 1	Parent/Guardian Name; printed clearly				
Parent 2					

**AUTHORIZATION TO PARTICIPATE IN SOCCER ACTIVITIES  
For TYNECASTLE INTERNATIONAL FC**

Club Member of US CLUB SOCCER  
US Youth Soccer Association  
Member of Washington Youth Soccer  
North County Youth Soccer Association

With the signature(s) below, permission is hereby granted for the above named player (participant) to participate in soccer activities with Tynecastle International Football Club hereafter referred to as the Club.

This permission is granted without reservation. Recognizing the risks presented by the competitive contact sport of soccer, the signature(s) below indicates a knowing, voluntary release of any claim which might be asserted against the Club, their officers, administrative assistants, coaches, assistant coaches, managers, sponsors, chaperones, designated drivers, volunteers, and other agents representing the Club. By waiving any rights to assert a claim, I am agreeing to release absolve, indemnify and hold harmless any and all parties previously mentioned for any and all liability arising from any injuries incurred by participant in the Club. My waiver expressly means that I, the participant's legal parent or legal guardian, accept and assume all risks and hazards inherent in and related to the Club.

I have read the authorization to play, medical release and waiver, acknowledge that I understand it and agree to be bound by it.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_