

Tynecastle FC 2009/2010 Player Tryout Registration

Gender	Age	Date of Birth xx/xx/xxxx	Tryout Jersey #	Age Player is Trying out for: ____U-____
P L A Y E R	Players full legal name:			
	Address:		City	Zip
	Email parent:		Phone:	
	Email player:		Cell:	
	Positions Played:		Favorite Positions:	
	Years played soccer:			
Last Year's WSYSA team	Age/Team Name or name of coaches: U-____		Club:	Team ID # (if known)
Parent 1	Parent/Guardian Name; printed clearly			
Parent 2				

**AUTHORIZATION TO PARTICIPATE IN TRYOUTS
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 tryouts involving the Tynecastle International Football Club hereafter referred to as the Club, for the 2009/2010 season.

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 tryouts. 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 tryouts of 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 _____