



Colonial Soccer Club 2014/2015 Travel Team Tryout Schedule



With the signatures below, permission is hereby granted for _____ (participant)

(Player's Name)

to participate in travel soccer tryouts involving the Colonial Soccer Club. This permission extends to any travel to and from any and all practice sessions, games, tournaments and other activities sponsored and arranged by Colonial Soccer Club, US Club Soccer, EPYSA, US Youth Soccer, or the USSF, or any affiliate of any of these named groups.

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 any of the above named entities, their officers, administrative assistants, coaches, assistant coaches, managers, sponsors, chaperones, designated drivers, volunteers, and other agents representing those entities and its officers or agents or representatives. 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, its games, practices, tournaments, etc. 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 activities of the participants engagement in soccer activity as herein noted, including any travel to and from or participation in any activities sponsored and arranged by any of the above listed entities.

TRYOUT PLAYER'S INFORMATION

Gender: MALE FEMALE

Age Group: U9 U10 U11 U12 U13 U14 U15 U16 U17

Player's Name _____ Birth Date _____
 Street _____
 City _____ State _____ ZIP _____

Parent #1 Name _____ E-mail _____
 Mobile phone _____ Home phone _____

Parent #2 Name _____ E-mail _____
 Mobile phone _____ Home phone _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, Colonial Soccer Club, US Club Soccer, EPYSA, US Youth Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in Colonial Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature _____ **Date** _____

Relation to Player Father Mother Guardian Other: _____

GOOD LUCK TO ALL WHO COME OUT!