Tryout Waiver Form

Player's First Name (*Print*) _____

Player's Last Name (*Print*) _____

Player's Tryout Number _____

Date of Birth _____

Grade in Fall _____

Parent/Guardian's First Name *(Print)* _____

Parent/Guardian's Last Name *(Print)* _____

Address _____

City _____ State _____ Zip Code _____

Email_____

Home Phone Number _____

Cell Phone Number _____

I / we, the parents or guardians of the above named player, give my / our consent to his / her participation in all training and team activities. I / we assume all risks and hazards incident to such participation including, but not limited to, financial responsibility for medical expenses, in the event of injury or illness of any kind due to participation in any training sessions and/or other team activities. I / we hereby waive, release, indemnify, and agree to hold harmless the ***Parkland Area Soccer Club (PASC)***, their successors, officers, directors, members, coaches, participants, sponsors, agents, and any other person or entity associated in any way with ***PASC***, from any claims of any nature whatsoever, including but not limited to bodily injury, illness and / or property damage, or otherwise. I / we that in the event that the above named participant requires any form of medical treatment while participating in any team activity, that his / her coach or assistant coach have permission to secure any and all medical treatment required.

Parent's/Guardian's Signature _____ Date _____