

PLEASE FILL OUT THIS REGISTRATION FORM AND
BRING IT TO THE FIELD ON TRYOUT DAYS

TRYOUT REGISTRATION FORM

NAME OF CHILD: _____ M/F

BIRTHDATE _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIPCODE: _____

PHONE #: _____

EMAIL: _____

PARENT NAME: _____

EMERGENCY PHONE # _____

INSURANCE AND LIABILITY WAIVER

Liability/Medical Waiver: My son/daughter is in good health and has my permission to participate in this program. In case of medical emergency, I authorize Manuia Soccer Club personnel to seek medical emergency care for my child. I hereby assume all risks and hazards incidental to my child's participation in these activities, and I do hereby waive, release and absolve the Manuia Soccer Club and participants from any claim arising out of injury to my child. I represent that I am a parent/guardian of the minor named above, and I agree that the grant and release contained therein binds the minor and me to all of its terms.

Parent Signature: _____