

De Pere Select Soccer Club, Inc.
Player Tryout Registration Form
Playing Season 2004-2005

Player Information: 2004-2005 Tryout Division: _____

Name: _____ **Nickname:** _____

Gender: _____ **Birth Date:** _____ **Age as of August 1, 2004:** _____

Home Address: _____

City, St and Zip: _____

Phone Number: _____ **Email Address:** _____

Parent Information:

Father Name: _____

Father Phone: _____

Mother Name: _____

Mother Phone: _____

Family Email Address (if different than Player): _____

Player Notes:

Consent for Medical Treatment (Minor)

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature of Parent or Guardian: _____

Important

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Name: _____

Parent/Legal Guardian (please print)

Signature: _____

Date: _____