

# LAMORINDA SOCCER CLUB TRYOUTS

BIRTHDAY: \_\_\_\_\_  
MONTH DAY YEAR

PLAYER:

\_\_\_\_\_  
LAST FIRST MI

ADDRESS:

\_\_\_\_\_  
STREET CITY AND ZIP

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SCHOOL GRADE  
NEXT FALL NEXT FALL \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

FATHER'S MOTHER'S  
NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

PLEASE LIST ANY OTHER ACTIVITIES WHICH YOU WILL PARTICIPATE IN WHICH MAY REPRESENT CONFLICTS WITH SOCCER PRACTICE, GAMES, AND TOURNAMENTS:

\_\_\_\_\_

## CONSENT TO TRYOUT

I the parent/guardian of the above named player, a minor, agree that I and the player will abide by the rules and regulations of the Association (USYSA), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYA accepting the applicant to tryout for a Lamorinda Soccer Club (LMSC) team, I hereby release, discharge and/or otherwise indemnify the USYSA and LMSC and their affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the tryouts, against any claim by or on behalf of the applicant as a result of the applicant's participation in the tryouts and/or being transported to or from the same, which transportation I hereby authorize.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

## CONSENT FOR MEDICAL TREATMENT

As parent or legal guardian of the above-named applicant, 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.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_