

Stanford Soccer Club

Tryout Registration

Player's Name _____

Address _____

City/State/ZIP _____ Phone _____

Birthdate _____ School _____ Grade _____

Mother's Name _____ E-mail _____

Phone: Day _____ Evening _____ Cell _____

Father's Name _____ E-mail _____

Phone: Day _____ Evening _____ Cell _____

Years of soccer experience: AYSO _____ CYSA _____

Last Team and League _____

Positions Played _____ Positions Preferred _____

Other Sports or Activities That May Interfere with Soccer Practice or Games:

Medical Release

I hereby give permission for my dependent, named above, to participate in tryouts with the Stanford Soccer Club. I acknowledge that soccer is an inherently dangerous sport and that my dependent will participate at her/his own risk. I release the Stanford Soccer Club and its parent coaches from all liability in the event of an accidental injury to my dependent during the tryouts. I understand that Stanford Soccer Club does not carry medical insurance for tryouts and that I am responsible for my dependent's own insurance coverage and medical expenses. I hereby give permission for my dependent to receive emergency medical treatment by a paramedic, physician, dentist, or other qualified medical personnel under whatever conditions are required to preserve life, limb or well-being of my dependent.

Medical Conditions or Medications _____

Name of Doctor: _____ Phone: _____

Signature of Parent or Guardian: _____ Date: _____