

FC SHORELINE SELECT SOCCER

Player Tryout, Registration & Waiver Form

Gender	Age	Team Name you are trying out for:				Tryout jersey #
P L A Y E R	Full legal name:				Gender	Date of Birth:
	Address:			City	Zip	
	Email:				Phone #	
	Positions Played:			Favorite Positions:		
	Years played soccer		Other sports played:			
	What division do you wish to play in THIS season? (circle one)		Dist Silver	Dist Gold	CYL	WSYDL
What division do you wish to play in NEXT season? (circle one)		Dist Silver	Dist Gold	CYL	WSYDL	Classic
Last Year's WSYSA team	Age/Team Name or name of coaches			Club:	TeamID # (if known)	
Parent 1	Parent/Guardian Name(s)		Home Phone xxx-xxx-xxxx	Work/cell Phone	Email	
Parent 2						

AUTHORIZATION TO PLAY, MEDICAL RELEASE AND WAIVER FORM For FC SHORELINE SELECT SOCCER

A Joint Program of the Hillwood and Shorelake Soccer Clubs

Members of Washington State Youth Soccer Association (WSYSA) District 1, Seattle Youth Soccer Association (SYSA)

With the signature(s) below, permission is hereby granted for the above named player (participant) to participate in all practice sessions, games and other activities involving the Hillwood Soccer Club and the Shorelake Soccer Club hereafter referred to as the Clubs, during the 2009-2010 season. This permission extends to any travel to and from any and all practice sessions, games and other activities sponsored and arranged by the above organizations.

This permission is granted without reservation. Recognizing the risks presented by the competitive contact sport of soccer, the signature(s) below indicates a knowing, voluntary release of any claim which might be asserted against the Clubs, their officers, administrative assistants, coaches, assistant coaches, managers, sponsors, chaperones, designated drivers, volunteers, and other agents representing the Clubs, or Seattle Youth Soccer Association (SYSA) and its officers or agents or representatives, the local league organization of which the Clubs are a member. By waiving any rights to assert a claim, I am agreeing to release absolve, indemnify and hold harmless any and all parties previously mentioned for any and all liability arising from any injuries incurred by participant in the Clubs. My waiver expressly means that I, the participant's legal parent or legal guardian, accept and assume all risks and hazards inherent in and related to the activities of the Clubs, including any travel to and from any activities sponsored and arranged by the Clubs.

This permission also includes my authorization for emergency medical treatment deemed appropriate and necessary by any coach, assistant coach or representative or agent thereof for participant, including transportation to the nearest medical facility adequate to treat the emergency.

Participant has the following medical condition(s):		
Physician	Phone #	Address
Preferred Hospital		Address
Health Insurance Plan		Medical Plan #

I have read the authorization to play, medical release and waiver, acknowledge that I understand it and agree to be bound by it.
*I attest that the player is not currently registered and/or playing with another WSYSA team. (Participation in tryouts is acceptable.)
 (Registering/Playing on two WSYSA teams at once in the current season is prohibited. Player cannot play on WSYSA select and recreational teams at the same time.)*

Date (m/d/y) _____ Parent/Guardian Signature _____

Date (m/d/y) _____ Parent/Guardian Signature _____