



Ashburn Soccer Club

Tryout Registration Form

TEAM TRYING OUT FOR: _____

NUMBER ASSIGNED AT TRYOUT: _____

Player Information:

Player Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

City: _____

Seasons Played: _____ Positions Played: _____

Travel Experience: _____

Other Comments/Pertinent Medical Information: _____

Family Information:

Father: _____ Mother: _____

Work Phone: _____ Work Phone: _____

E- Mail Address: _____ E-Mail Address: _____

Consent to Play: I, the parent of _____, hereby give my approval for his/her participation in any and all activities of the Ashburn Soccer Club. I assume all risks and hazards incidental to such participation and I hereby waive, release and agree to hold harmless the Ashburn Soccer Club for any claim arising during his/her participation in the above activity.

Medical Release: I hereby give permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury or sickness under the direction of a league official until such time as I may be contacted. I also hereby assume the responsibility for payment of any such treatment.

Proof of Age: I certify that I have represented my child's age correctly and I understand that I may be required to provide age verification at any time prior to or during the soccer season.

Signature of parent or guardian: _____ **Date:** _____