



Campton United Soccer Club Tryout Registration Form

Position: (Check one)

- Field Player
- Dedicated Goalkeeper
- Goalkeeper/Field Player

TRYOUT #:

(Assigned by registrar)

Age Group: U -

Boy Girl

Player's Name Date of Birth

Street Address Grade in School Fall 2009

City, State, Zip

Home Phone Day Time Phone

Father's Name Mother's Name

E-Mail Address

Current Soccer Club

Team/Division Number of Years

Other Soccer Club Experience

How did you hear about us? (Check all that apply) Returning Player Newspaper Brochure Friend

My child/ward has my permission to participate in Campton United Soccer Club's open tryouts. I hereby certify that my child/ward is in good health and able to participate in all activities. I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages, or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims my minor child/ward or I may have (or accrue to my child/ward or me) as a result of participating in this program/activity against Campton United Soccer Club, including its officials, agents, volunteers and employees. I do hereby fully release and forever discharge Campton United Soccer Club from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to my minor child/ward or me and arising out of, connected with, or in any associated with this program/activity. In the event of a medical emergency, I grant permission for my child/ward to receive emergency treatment at a local hospital only after reasonable attempts have been made to contact me.

SIGNATURE OF PARENT OR GUARDIAN

DATE

RELATIONSHIP TO MINOR

CELL PHONE

NAME OF OTHER CONTACT IN CASE OF EMERGENCY

PHONE