UNITED SOCCER ATHLETES
OF WEST MICHIGAN

United Soccer Athletes (USA)
Soccer Tryout Form

(Please Print Clearly)

Player's Name: _____
first **last**

Absent: Y
(circle if not attending tryouts)

Age:_____ **(as of 12/31)** **Birth Date:** _____ **(mo/day/yr)** **Grade:** _____ **(next year)**

Address: _____ City: _____ Zip:_____

Parent or Legal Guardian Name: _____

Home Phone:_____ Cell Phone: _____ Work Phone: _____

Email Address(es): _____

School: _____

Previous Soccer Experience? _____ **Positions?** _____

Specify if applicable: **USA Team:** _____ **School Team:** Middle Freshman JV Varsity

Other Club: _____ **Recreation Program:** _____

We encourage, although do not require, that a player participate year-round. Please circle the soccer seasons that you desire to play:

Fall Season (outdoor, September-October) **Spring Season (outdoors, April-June)**

*** Winter (indoor) season, soccer camps, and tournaments are available for additional, reasonable fees.

Do you intend on participating in another activity that may routinely or significantly conflict with team practices or games (e.g., baseball, football, Girls on the Run, Boy/Girl Scouts, etc.): (circle as applicable)

Yes **No**

*** This information is helpful for setting team schedules, planning rosters, and other Club functions.

I certify that my child is in excellent physical health and may participate in strenuous and hazardous activities. I certify that there are no physical limits to my child's participation. Permission is granted for my child to receive emergency medical treatment if needed. I hereby release and discharge United Soccer Athletes, and all their affiliated entities from any and all liability, claims demands, and causes of action for personal injury, property damage, and/or loss suffered by my child in connection with his/her participation. This release is made to allow my child to participate in the United Soccer Athletes program. I recognize that accepting this release is a condition permitting my child to participate.

I agree that you may photograph and/or videotape my child and that you retain the rights to the use of these visual images in any manner without the compensation to my child or me. I further agree that you may use and license others to use my child's name, voice, likeness and any biographical facts which may have been provided to you, including advertising and promoting the United Soccer Athletes programs.

I agree that I have read and understand all the information contained on the pages (1 and 2) of this form.

I represent that I am the parent/guardian of the minor named and I agree that the grant and release contained therein binds the minor and me to all of its terms.

Parent(s) / Guardian(s) Signature_____ _____
Date