

2014 – 2015 TRI COUNTY SOCCER CLUB APPLICATION

Parent or Guardian must sign the 4 spots below, before application will be considered

NAME:

DOB:

ADDRESS:

EMAIL

PHONE: H- _____ **W-**

INSURANCE INFO:

WAIVER:

I UNDERSTAND THAT SOCCER IS A CONTACT SPORT AND INJURIES MAY OCCUR. I AGREE TO HOLD HARMLESS ALL VOLUNTEERS OF **TRI COUNTY SOCCER CLUB, WEST VIRGINIA SOCCER ASSOCIATION, AND ALL AFFILIATES OR CLUBS** THAT MAY SPONSOR GAMES OR TOURNMANETS IN WHICH MY CHILD MAY BE INVOLVED.

PARENT/GUARDIAN

MEDICAL RELEASE:

I GRANT PERMISSION TO A TRI COUNTY SOCCER COACH OR THEIR ASSIGNED ASSISTANT TO SEEK EMERGENCY MEDICAL CARE AS DEEMED NECESSARY BY A QUALIFIED PERSON IN MY ABSENCE.

PARENT/GUARDIAN

FEES & SPORTSMANSHIP:

I AGREE TO PAY THE APPLICATION FEE PLUS ALL FEES AS VOTED ON BY THE TEAM. I ALSO UNDERSTAND THAT **TRI COUNTY SOCCER CLUB** STRIVES TO PROMOTE SPORTSMANSHIP AND FAIRPLAY IN A COMPETITIVE ENVIRONMENT AND I AGREE TO ABIDE BY ALL THE RULES OF CONDUCT SET DOWN BY THE CLUB.

PARENT/GUARDIAN

MEDIA RELEASE:

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of my child. I also grant to the right to edit, use, and reuse said products, including use in print, on the Internet, and all other forms of media. I also hereby release **TRI-COUNTY SOCCER CLUB, INC.** and its agents, volunteers, coaches, and employees from all claims, demands, and liabilities whatsoever in connection with the above.

DATE OF APPLICATION: