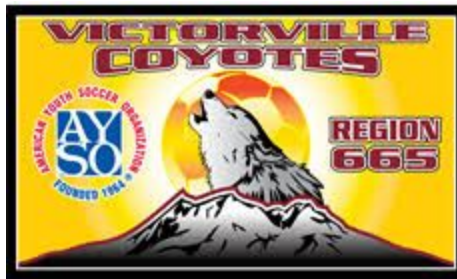


Season _____ - _____



Division (____ - U)

Girls

Boys

All Star Tryout & Release Form

(please print legibly)

Player Name (Last, First) : _____

Player Date of Birth : _____ / _____ / _____ Player Age: _____
MM / DD / YYYY

Parent / Guardian Name: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

E-mail address: _____

Release Form

AYSO Region 665. Recognizing the possibility of physical injury associated with soccer, I hereby release, discharge and / or otherwise indemnify AYSO 665, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields & facilities utilized for tryouts, against any claim by or on behalf of the player as a result of the player's participation in the tryouts and / or being transported to or from same, which transportation I hereby authorize.

Name of Parent / Legal Guardian (please print): _____

Signature: _____ Date: _____

Consent for medical attention (minor)

As the parent / legal guardian of the above-mentioned player, I hereby give consent for the emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well-being on my dependent

Name of Parent / Legal Guardian (please print): _____

Signature: _____ Date: _____