



**LAKE WALES SOCCER CLUB, INC.**

**REGISTRATION FORM      2019-2020 COMPETITIVE SOCCER TRYOUTS      Tryout Control #:**

**Player's Full Name:** \_\_\_\_\_ **Age Group:** \_\_\_\_\_ **Player's DOB:** \_\_\_\_\_

**Player's Parents:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Player's Address:** \_\_\_\_\_ **Cell Phone Number:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Played Competitive in past:**    YES    NO    \_\_\_\_\_ **Shirt Size:** \_\_\_\_\_ **Short Size:** \_\_\_\_\_

**Player's Picture:**

**Coach Name:** \_\_\_\_\_

**Coach's Comments:**

**Player's / Parent's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Waiver:** I acknowledge that I am completely aware of the inherent risks associated with soccer and I hereby waive, release and discharge Lake Wales Soccer Club, Inc. and its coaches, staff, officers, directors, employees and agents (collectively the "Released Parties"), for any and all liability and responsibility in the event that I or my child shall become injured in any way during participation in the soccer events or activities associated with the Released Parties. I further state that I take full responsibility for any injury that may occur as a result of my or my child's participation in such events and activities, and that I will not hold the Released Parties responsible for any aggravation of pre-existing injuries, whether prior to or during such participation in any soccer event or activities associated with the Released Parties.