



BRADFORD SOCCER CLUB
31 Frederick Street, PO Box 214
Bradford, ON L3Z 2A8
Tel: 905-775-7000
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Development/Competitive Team Tryout Information Sheet & Waiver

Players Name: _____ Gender: _____

Players Date of Birth: _____ (MM/DD/YY)

Home Address: _____

Home Phone #: _____ Dad cell #: _____

Email: _____ Mom Cell #: _____

Club/Team played for last season: _____

Player's other sports/activities: _____

Any Medical / Allergy Conditions: _____

In consideration of permitting (player's name) _____

To participate in Bradford Soccer Club's tryouts, we agree to hold the Bradford Soccer Club, its members, officials and coaches harmless from all claims, damages, injuries however caused, whether by negligence or otherwise. On signing to participate in the Bradford Soccer Club 2017/18 tryouts, I agree to abide by the rules of the Ontario Soccer Association and the Bradford Soccer Club.

Parent or Guardian must sign for players under the age of 18.

Parent Name (Please print): _____

Parent/Guardian Signature: _____

Date: _____