

PORT WASHINGTON SOCCER CLUB

SELECT PLAYER TRYOUT REGISTRATION



Player Name _____ ☐ Male ☐ Female Tryout # _____

DOB _____ Grade in Fall _____ School _____

Parent/Guardian Name _____ Phone/Cell# _____

Parent/Guardian e-mail address _____

Emergency Contact _____ Phone# _____

List medical problems or player limitations _____

Current Team Name _____ Current Level U- _____

Please indicate age level, season and team type for current tryout session.

Age Level (birth year)

☐ U-11(2009) ☐ U-12(2008) ☐ U-13(2007) ☐ U-14(2006) ☐ U-15(2005)
☐ U-16(2004) ☐ U-17(2003) ☐ U-18(2002) ☐ U-19(2001)

Season (select one)

☐ Full (Fall & Spring) ☐ Fall only ☐ Spring only

Team Type (select one)

☐ Boys ☐ Girls

Release of Liability

I, the parent/guardian of the registrant(s), a minor, agree that the registrant and I will abide by the rules of the USYSA (United States Youth Soccer Association), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge, and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportations I hereby authorize.

Parent/Guardian Name (print) _____

Parent/Guardian Signature X _____

Consent for Medical Treatment (Minor(S))

As the parent or legal guardian of the above-named player(s), I hereby give consent for 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 of my dependent. This release shall remain in effect for the duration of the seasonal year and shall be interpreted under WI law.

Parent/Guardian Signature X _____

PORT WASHINGTON SOCCER CLUB – PO BOX 53, PORT WASHINGTON, WI 53074

www.portsoccer.org – Facebook too!

Port Soccer is a non-profit organization bringing better soccer to all players!