

# FC Evolution North/Pennine

## Tryout/Liability Waiver Form

(PLEASE PRINT CLEARLY)

**E-MAIL ADDRESS: (PRINT CLEARLY)**

<b>AGE GROUP:</b>	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
	U-8	U-9	U-10	U-11	U-12	U-13	U-14	U-15	U-16	U-17	U-18	U-19

**PLAYERS LAST NAME:**

**PLAYERS FIRST NAME:**

**ADDRESS:**

**CITY:**

**STATE:**

**ZIP:**

**HOME PHONE:**

**BUSINESS:**

**CELL:**

**GENDER (circle):**

**M**

**F**

**DATE OF BIRTH:**

**PLAYER POSITION (Preference):**

**FATHERS NAME:**

**MOTHERS NAME:**

**INSURANCE CARRIER:**

**POLICY NUMBER:**

**PREVIOUS CLUB EXPERIENCE:**

**How did you hear about CEFC/PENNINE UTD:**

FC Evolution is a full-year soccer club and you are expected to commit from August 2021 through to June 2022. Once you have accepted a roster spot, you are expected, along with your team mates to be fully committed to FC Evolution/Pennine and agree to pay all fees associated with your team. We pay for your Indoor time and Spring activities months ahead of those seasons, so you are responsible for payments, irrespective of your participation or not next Spring.

\_\_\_\_\_  
Parents Signature:

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

I verify that my child has been checked by a physician and is physically able to participate in soccer activities. I verify that my child is covered by health and medical insurance. I understand that the sport of soccer has inherent risks of injury and I release Edge Sports Academy Inc., its employees, officers, and agents from any liability or damages that may occur from participating in FC Evolution/Pennine activities. For Additional information please contact Wayne Jentas at [wjentas@penninesoccerclub.com](mailto:wjentas@penninesoccerclub.com)

\_\_\_\_\_  
Parents Signature:

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