



Number _____

ALAMEDA SELECT TEAM TRYOUT REGISTRATION FORM

Name: _____

Address: _____ City: _____

Telephone: _____ email: _____

Height: _____ Weight: _____ Birth date: _____

2 Strongest Field Positions played: _____

Has played Goalie: Yes _____ No _____ Tryout as Goalie: Yes _____ No _____

Is parent a licensed referee? _____

CONSENT FOR MEDICAL TREATMENT OF MINOR AND LIABILITY RELEASE

As the parent or legal guardian of the above named player, 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 the life, limb or well-being of my dependent. I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYSA, its affiliated organizations and sponsor.

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 fields and facilities utilized for the Program, 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 transportation I hereby authorize.

Signed: _____ Date: _____
Parent or Guardian

Print: _____ Spouse's Name: _____
Parent or Guardian

Attendance: 1 _____ 2 _____ 3 _____