Goshen Soccer Club

Tryout Registration Form

PLAYER'S NAME _____ **M** ☐ **F** ☐
LAST FIRST

DATE OF BIRTH _____/_____/_____ **AGE** _____ **GRADE IN SCHOOL** _____

CURRENT TRAVEL TEAM _____ **EMAIL**_____

PREVIOUS SOCCER EXPERIENCE: _____

ADDRESS _____
STREET/PO BOX CITY STATE ZIP

PHONE _____ **PARENTS NAMES**_____

MEDICAL ISSUES _____ **ALLERGIES** _____

DOCTOR TO NOTIFY _____
NAME PHONE #

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYSA, and 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 program), I hereby release, discharge, and/or otherwise indemnify the USYSA and its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities used for the program, against any claim by of on behalf of the registrant as a result of the registrants participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

_____
SIGNATURE DATE

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent/legal guardian of the above named player, I hereby give my 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.

_____
SIGNATURE OF PARENT/GUARDIAN ADDRESS