



Player Registration #

Age group – B/G

For club use

Exiles Soccer Club
2012-13 Try-Out Registration & Waiver Form
www.pvscexiles.org

Player Information

Players Name _____ DOB _____ Age _____

Address _____ City _____ Zip _____

Soccer Experience:

Recreation _____

Club _____ Current Club Team _____

AYSO _____ Region _____

Parent Contact information

Parent/ Guardian _____

Home # _____ Cell # _____

Email Address _____

Exiles Soccer Club Waiver and Release of Liability Agreement

I, the parent/guardian of the above named player (the "Player"), a minor, recognize the possibility of physical injury associated with soccer and in consideration for the Exiles Soccer Club ("ESC") accepting the Player for its tryout program ("the Program"), I hereby release, discharge and/or otherwise indemnify the ESC, its officers and directors, coaches and associated personnel, including the owners of the fields and facilities utilized for the Program, against any claim by or on behalf of the Player as a result of the Player participation in the program and/or being transported to or from the same. As a parent or legal guardian of the Player, I also hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry in the event that I am not able to provide that consent in person during the Program. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Parent/Guardian

Signature: _____ **Date** _____