



TRYOUT - CONTACT INFORMATION

PLAYER TRY-OUT ID	<input type="text"/>
PLAYER NAME	<input type="text"/>
BIRTHDAY	<input type="text"/>
POSITION	<input type="text"/>
PREVIOUS TEAM & LEVEL	<input type="text"/>
PARENT/GUARDIAN NAME	<input type="text"/>
EMAIL ADDRESS	<input type="text"/>
CELLPHONE NUMBER	<input type="text"/>
HOME PHONE NUMBER	<input type="text"/>
HOME CITY	<input type="text"/>
NOTE	<input type="text"/>

FULLERTON RANGERS TRYOUT WAIVER

Liability Release: I, the parent or guardian of the above-named youth soccer player, give my consent for emergency medical care should the need arise. Recognizing the possibility of physical injury associated with soccer, I hereby release, discharge and/or otherwise indemnify Fullerton Rangers, including their coaches, trainers and managers, against any claim by or on behalf of the player as a result of the player participation with this team.

SIGNATURE: _____

DATE: _____