

TRYOUT PLAYER REGISTRATION APPLICATION

Fall 2011 / Spring 2012 Soccer Season

Fill out and email to ktannenbaum@woodridgeparks.org



ASSIGNED TRYOUT JERSEY #: _____

TRYOUT TEAM (Circle One): U8 U9 U10 U11 U12 U13 U14 U15 U16 U17 U18 BOYS: GIRLS:

Tryout Fee (\$10) : Check # _____ / Cash
 (Checks to made out to: Woodridge Park District)

----- Official Use Only -----

Player's Name:	Home Phone:	
Address:	City:	Zip:
Player's Birth Date: / /	2011/2012 Grade:	
School:	Height:	
Preferred Position #1:	Preferred Position #2:	
Father's Name:	Mother's Name:	
Father's Email:	Mother's Email:	
Father's Cell Phone #:	Mother's Cell Phone #:	
Father's Day Time Phone #:	Mother's Day Time Phone #:	

Have you previously played on a travel soccer team? Yes No When _____ # of years w/ team
 If Yes, which soccer club(s) did you play for: _____

PROGRAM/TRYOUT WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in the program(s) listed above, you will be waiving and releasing all claims for injuries you and your minor child/ward might sustain arising out of the program(s) listed above. I recognize and acknowledge there are certain risks of physical injury to participants in the soccer program(s) and soccer tryouts and I agree to assume the full risk of any injuries, including death, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s). I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program(s) against the Woodridge Park District and its officers, agents, servants, and employees. I do hereby fully release and discharge the Woodridge Park District and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program(s) including transportation services and vehicle operations, when provided. I further agree to indemnify and hold harmless and defend the Woodridge Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program(s). I have read and fully understand the details of the program(s) listed above and the above Waiver and Release of All Claims. If registering via fax, your facsimile signature shall substitute for and have the same legal effect as an original form signature.

Parent/Guardian Name (Print):	Date Signed:
Parent/Guardian Signature:	
Player's Name (Print):	Date Signed:
Player's Signature:	