ROCHESTER RHINOS 2013 PRO SOCCER COMBINE APPLICATION

Please complete the following PERSONAL DATA and the RELEASE OF LIABILITY forms.

Mail to: Rochester Rhinos Attn: PRO COMBINE 460 Oak Street Rochester, NY 14608

Please include a CV and mail no later than March 1, 2013.

After receiving each application the Rochester Rhinos coaching staff will notify each candidate whether or not they have been accepted via e-mail. Applications will be reviewed weekly and candidates should know within two weeks of submitting their application. **Please do not call the stadium or just show up to the combine without an acceptance e-mail.**

A \$75 fee will need to be submitted by the successful applicant, and payment arrangements will be made via email after they have been accepted. Players on trial will be responsible for their travel costs, hotel costs, and meal costs.

If the applicant is **not selected** to attend the Rhinos 2013 PRO COMBINE, then he will be notified via e-mail prior to the event and his application fee will be refunded. A refund will also be offered in the event of a cancelled air flight.

PERSONAL DATA

Name:	Date of Bi	Date of Birth (MM/DD/YEAR):	
PHONE #:			
E-MAIL ADDRESS:			
(please make sure that this e-	mail address is legible and	valid, as most info	will be sent through this channel)
CURRENT MAILING ADDRESS:			
CURRENT MAILING ADDRESS:	STATE:	ZIP:	VALID UNTIL:
PERMANENT ADDRESS:			
PERMANENT ADDRESS: CITY:	STATE:	ZIP:	VALID UNTIL:
CREDIT CARD: MasterCard / V	'ISA / American Express / D	viscover	
Credit Card #		EXP.DATE	CVV #:
PREFERRED POSITIONS PLAYE (1) (2)	D (in order of preference):		
HEIGHT: WEI	GHT:		

ANY SEVERE INJURIES DURING CAREER? (If so, then please list the type, date, and current condition)

ANY SURGERIES?

ANY PERTINENT MEDICAL CONDITIONS (Asthma, Diabetes, Allergies, Etc.)?

WHAT IS YOUR COUNTRY OF CITIZENSHIP?

DO YOU HAVE A PASSPORT (circle one)? YES NO
Country of Issue: ______ Expiration Date: _____

DO YOU HAVE DUAL CITIZENSHIP WITH ANY OTHER COUNTRY (circle one)? YES NO

DO YOU HAVE A VALID RESIDENT ALIEN CARD or VISA (circle one)? YES NO (Please indicate your residency status):

THE ROCHESTER RHINOS WILL NOT ISSUE A WRITTEN INVITATION TO PLAYERS ABROAD TO ENTER THE COUNTRY FOR A TRIAL. YOU MUST BE ABLE TO GAIN ENTRY TO THE UNITED STATES ON YOUR OWN.

DO YOU HAVE AN AGENT (Circl	e One)? YES NO	
If you answered no and you rep	present yourself, then please skip this sect	ion.
WHAT IS YOUR AGENT'S NAME	·	
AGENT'S PHONE #:	AGENT'S FAX #:	
AGENT'S E-MAIL ADDRESS:		

PLAYING EXPERIENCE

COLLEGE ATTENDED:	# OF YEARS:	
COLLEGE HEAD COACH:	OFFICE PHONE:	
COACH'S E-MAIL ADDRESS:		
COLLEGE STATS/HONORS/RECORDS:		

PROFESSIONALSOCCER EXPERIENCE:

IS THERE ANY COACH/MANAGER/PERSON THAT Y	OU WOULD LIKE TO INCLUDE AS A REFERENCE?
NAME:	PHONE #:
E-MAIL ADDRESS:	

2013 Rochester Rhinos Combine Waiver WAIVER AND RELEASE OF LIABILITY

In consideration of Adirondack Sports Group LLC, by participating at the 2013 Rochester Rhinos tryout, I agree as follows:

(1) In case of medical emergency, I understand that Adirondack Sports Group, LLC will attempt to contact a family member at the telephone number listed above. If they cannot be reached, I hereby give my permission to Adirondack Sports Group, LLC to secure my medical treatment.

(2) The person participating in the Rochester Rhinos tryout, and/or family members, assumes all risk of property or injury to the person, including injuries resulting in death caused by or incidental dangers associated with soccer activities and agree that there are certain inherent dangers related to soccer participation and therefore agree to hold the Rochester Rhinos, and its' owners, officers, coaches, managers, employees, TOTAL SPORTS EXPERIENCE and agents of the foregoing harmless and specifically agree not to make any claim against Rochester Rhinos and TOTAL SPORTS EXPERIENCE for any injuries.

(3) I acknowledge that the Rochester Rhinos carries no insurance for players and that I am free to seek individual insurance from an independent insurance agent.

Player

Printed Name:	Signature:	Date:
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