



IMPACT UNITED SOCCER CLUB – COMPETITION TRY OUT REGISTRATION FORM

Player Name _____ Date of Birth _____ Age Group _U-____ Gender _____

Mailing Address _____ City _____ Zip _____ Phone _____

Parent of Guardian Attending (Name) _____ Cell Phone _____

Email: _____

Previous Soccer Experience (yrs): REC _____ COMP _____ Previous CLUB: _____

I, the undersigned am a parent or legal guardian of the named minor. I fully understand that participating in the sport of soccer presents risk of injury, potential serious and / or death. I as guardian and parents of named minor have made a conscious decision to allow the named minor to participate in this and/or subsequent tryout and further agree to indemnify and hold harmless Impact United Soccer Club, its officers, coaches and other associated staff from any claims whatsoever resulting from injury resulting from such participation. I agree that my health and/or accident insurance shall be the sole insurance applicable to cover any expenses incurred due to injury, including any rehabilitation.

Print Name _____ Signature _____

Relationship _____

Birth Date Verified : (Y/N) _____ By _____



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