



CLUB INFO CLUB COPY TEAM COPY TRY-OUT # _____

Team Interest for Fall U - _____ Boys Girls

PLAYER INFO

MALE NAME _____ BIRTH DATE _____ AGE _____

FEMALE ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE NUMBER _____

EMERGENCY CONTACT _____ EMERGENCY PHONE NUMBER _____

PARENT INFO

MOTHER NAME _____ E-MAIL ADDRESS _____

HOME PHONE NUMBER _____ CELL PHONE NUMBER _____ YES NO
INTERESTED IN COACHING?

FATHER NAME _____ E-MAIL ADDRESS _____

HOME PHONE NUMBER _____ CELL PHONE NUMBER _____ YES NO
INTERESTED IN COACHING?

BACKGROUND INFO

Currently Playing for: SYNERGY TEAM _____ NUMBER OF YEARS _____

OTHER CLUB TEAM NAME _____ NUMBER OF YEARS _____

PARK DISTRICT _____ NUMBER OF YEARS _____ NEW TO SOCCER _____

Other Soccer Experience: _____

PRIMARY POSITIONS PLAYED _____ OTHER POSITIONS PLAYED _____

Other sports played: _____ IS SOCCER YOUR PRIMARY SPORT? YES NO

Education: CURRENT SCHOOL _____ CURRENT GRADE _____

Do you seek a highly competitive team? (requires a higher level of player & family commitment) YES NO

Waiver and Release:

Please read this form carefully and be aware that in signing up for and participating in programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operations, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims against Synergy Soccer Club, including its officers, officials, agents, volunteers and employees (hereinafter collectively referred as Synergy), which I or my minor child/ward may have (or that accrue to me or my children/ward) as a result of participating in these programs/activities. I do hereby release and forever discharge the Synergy from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward arising out of, connected with, or, in any way associated with these programs/activities. In the event of an emergency, I authorize Synergy Soccer Club to secure from any accredited hospital and/or physician any treatment deemed necessary for immediate care of my minor child/ward and agree I will be responsible for any and all medical services rendered. I have read and fully understand the above important information, warning of risk, and waiver and release of all claims.

SIGNATURE _____ DATE _____