



# NASA United FC

## Tryout Form

Player Name \_\_\_\_\_ Age \_\_\_\_\_ Male / Female

DOB \_\_\_\_\_ Current team of player, if available \_\_\_\_\_

Player positions: 1<sup>st</sup> option \_\_\_\_\_ 2<sup>nd</sup> option \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
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Parent/Guardian Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_ Tel# \_\_\_\_\_

### Parent/Guardian Consent and Waiver

I hereby represent that the above information is true and accurate and the named applicant is in good health and has my permission to participate in NASA United FC. I acknowledge that soccer is a contact sport and that there is a risk of injury from participating in NASA United FC and its related activities. I HEREBY WAIVE AND RELEASE NASA United FC and/or its agents, coaches, trainers and directors from any and all liability and claims for damages. In the event of an emergency, I hereby give permission to such medical personnel as necessary to render treatment.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Bring completed form to tryout session**