



# NASA United Soccer

## 2009 - 2010 Player Tryout Form

Player Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Cell #1: \_\_\_\_\_ Cell #2: \_\_\_\_\_

Email address: \_\_\_\_\_

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

Additional Comments: \_\_\_\_\_

### **Emergency Contact**

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

Emergency Information Comments: \_\_\_\_\_

### **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 Soccer. I acknowledge that soccer is a contact sport and that there is a risk of injury from participating in NASA United Soccer and its related activities. I HEREBY WAIVE AND RELEASE NASA United Soccer 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**

- Players should bring soccer shoes, soccer ball, shin guards and a drink to all practices.
- Practices start on time, please bring your child at least 20 minutes early for check-in.

**[www.nasaunitedfutbol.com](http://www.nasaunitedfutbol.com)**