2010 MATRIX TRYOUTS PLAYER INFORMATION

(PLEASE PRINT)

TRY OUT # _____

B / G U-_____

LEAGUE USE ONLY

_____
NAME

_____
ADDRESS

_____
CITY ZIP

_____**PLAYER'S BIRTHDATE**_____
(PARENTS NAME(S)

HOME PHONE CELL PHONE(S)

SOCCER EXPERIENCE

AYSO/REC(Yrs)_____ AYSO REGION_____

MATRIX(Yrs)_____ MATRIX TEAM/REGION_____

OTHER CLUB_____ CLUB NAME_____

OTHER SEASONAL SPORTS

Do you play another seasonal sport?__YES_____NO_____

If yes, what sport(s)?_____

(BASEBALL, SOFTBALL, BASKETBALL, INDOOR SOCCER?)

Matrix Teams travel and play in several weekend tournaments each year. Are there specific days of the week/months or seasons that you cannot play Matrix (competitive) soccer?

List:_____

MEDICAL RELEASE FORM

EMERGENCY AUTHORIZATION: I, the undersigned parent or legal guardian of the above player, a minor, hereby authorize the coaches and/or other AYSO officials to act as my agents in the capacity of activity supervisors and vehicle drivers, and to consent to medical, surgical or dental examination and/or treatment.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I, the undersigned parent or legal guardian of the above player, a minor, acknowledge that participation in soccer involves risk of severe, permanent physical injury, and death. For myself, and on behalf of the above player, we willingly and voluntarily accept and assume all such risk. In consideration of permitting the voluntary participation of the above-named participant in this tryout program, for myself and on behalf of the above player, I hereby release, discharge and agree to hold harmless AYSO, its employees, volunteers, officials, sponsors, and other representatives from any and all claims, demands, costs, expenses, and compensation arising out of or in any way related to any injury or other damage that may result to said participant while participating in any AYSO sponsored event, including any physical or other injury caused by the negligence of any such person while performing his/her duties at any time.

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, DISCLAIMER, ASSUMPTION OF RISK, AND WAIVER AND FULLY UNDERSTAND THE TERMS OF EACH. I UNDERSTAND THAT I AND THE ABOVE PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT FOR MYSELF AND ON BEHALF OF THE ABOVE

Does your child have any disabilities, injuries, limitations, history of heart or respiratory conditions or other medical conditions? If so, list here_____

X_____

PARENT/GUARDIAN **DATE**