



West Side Soccer League

Tryout Participation Waiver & Medical Release Form

You MUST bring a signed copy of this form to tryouts for EACH child participating. Thank you.

PLAYER INFORMATION

Player 1

Last Name _____ First Name _____

DOB _____ Age _____ Sex Male Female

Player 2

Last Name _____ First Name _____

DOB _____ Age _____ Sex Male Female

Player 3

Last Name _____ First Name _____

DOB _____ Age _____ Sex Male Female

ADULT INFORMATION

Parent

Last Name _____ First Name _____

Daytime Phone _____ Email _____

Address (Street, City, State) _____

Physician

Name _____ Phone _____

Emergency Contact

Last Name _____ First Name _____

Daytime Phone _____ Relationship _____

As parent/guardian of the above player(s), I certify that he/she is in excellent health and has no physical, mental or emotional problems that are likely to prevent participation in strenuous physical play at soccer tryouts. I agree to hold harmless AYSO, West Side Soccer League, their agents, volunteers, and employees. I hereby release them from all liability on account of injuries sustained by player(s) while participating in soccer activities. I give permission for player(s) to be medically treated for illness occurring or injury sustained during such participation and certify that he/she is covered by medical insurance which will reimburse the parties for expenses incurred by them, their agents and employees on account of medical treatment ordered at their discretion and also to indemnify them for any expenses not reimbursed by such insurance. I give consent for player(s) to be photographed, videotaped, or filmed while participating in soccer activities, and for the resulting photos to be used by AYSO, West Side Soccer League, and their agents for educational and promotional purposes. I have read and understand the above.

Parent/Guardian Signature _____ Date _____