



Florence Township Soccer Association

Tryout Registration & Consent Form (Please complete & sign – two pages)

Age Group: U - ____ Boys Girls Birth date: _____ Age prior to August 1, 2014: _____

Player's Name: _____
Last First Middle Initial

Address: _____ City: _____ State: _____ Zip Code: _____

Parent(s) / Guardian(s) Name(s): _____
Relationship: _____
Relationship: _____

Home Ph. #(s): _____ / _____ Cell Ph. #(s): _____ / _____

E-mail Address(es): _____ / _____

School attending this coming fall: _____ Grade (fall) _____

What position(s) do you currently play? _____ Position interested in playing? _____

SOCCER EXPERIENCE:

Rec/Intramural: Yes No If Yes, what Club: _____

Years Travel: _____ Club & Team: _____

OTHER INFORMATION:

Are you trying out for another travel team? Yes No If Yes, what Club/Team: _____

MEDICAL INFORMATION: Does your child have any medical/surgical condition (i.e. asthma, knee injury, kidney malfunction, etc.)? No Yes If Yes, please describe including any medication: _____

WAIVER & RELEASE:

In consideration of my child being allowed to participate in any FLORENCE TOWNSHIP SOCCER ASSOCIATION (a/k/a FTSA) programs, tryouts, related events and activities, I acknowledge and fully understand that he/she will be engaging in activities that may involve serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inaction, or negligence, but the actions, inaction or negligence of others, in the rules of play, or the condition of the premises or any equipment used. Further, there may be risks not known to us or not reasonably foreseeable at this time. I will assume all foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death. And, I do hereby release, remise, waive, forever discharge and covenant not to sue FLORENCE TOWNSHIP SOCCER ASSOCIATION, its administrators, officers, directors, agents, managers, coaches or other volunteers and employees, other participants, sponsoring agencies, sponsors, advertisers, family members, owners and lessors of premises used to conduct the event, and its affiliated organizations, from any liability arising out of that participation and will hold all of them harmless and indemnify them all from any claims by or on behalf of the above player arising out of the participation of that player. I hereby consent that the above player may take part in the FTSA travel tryout program, and to the best of my knowledge he/she has no physical defects or conditions that would prevent participation.

I HAVE READ THE ABOVE WAIVER & RELEASE, AND FULLY UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING, AND I AM SIGNING IT FREELY AND VOLUNTARILY.

Parent/Guardian Signature _____ Date: _____