



# Lazers Soccer Club

## Player Tryout Information Form and Waiver

Player Name (print) \_\_\_\_\_

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

City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address (print) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Player Experience (Yrs): Club \_\_\_\_ AYSO or Rec \_\_\_\_ AYSO (All-Stars/Extra) \_\_\_\_

Favored Position (s): \_\_\_\_\_

**PLEASE READ AND SIGN THE MEDICAL CONSENT AND RELEASE OF LIABILITY BELOW.  
 PLAYER WILL NOT BE ABLE TO TRYOUT UNTIL THIS DOCUMENT IS SIGNED AND  
 RETURNED.**

As parent/legal guardian, I certify that my child/ward is in good health and is able to participate in Lazers Soccer Club ("LSC") tryouts. I authorize all first aid, medical, dental, surgical, diagnostic and hospital procedures as may become necessary for my child/ward while he/she is participating in LSC tryouts. In consideration of my child/ward being allowed to participate in such tryouts, I hereby for myself, my child/ward, and our heirs, executors, administrators, and personal representatives, discharge, waive, release, hold harmless, and indemnify LSC, its Board members, agents, employees, contractors, volunteers, affiliated organizations, member organizations and sponsors, including the owners of the fields and facilities utilized by the program from any and all liability that may arise from said participation, including but not limited to any injury occurring to my child/ward. I acknowledge that I am responsible for any and all medical expenses due to my child's/ward's injury or illness, and hereby assume all risk of injury or loss to which he/she may be exposed. In the event that the above release does not bind my child/ward, I also agree to indemnify and hold harmless LSC and to assume full responsibility for any and all medical or other expenses and costs incurred or suffered by my child/ward in connection with participation in LSC tryouts. I understand that no one is authorized by LSC to alter, modify, or waive any of the terms of this agreement in any way. I acknowledge I have read and fully understand this medical consent, release, and waiver.

Parent/Guardian Signature X \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ 2020

I, the player, agree to accept all responsibility for all risk of harm or loss to me during Lazers Soccer Club tryouts, and release, indemnify, and hold harmless Lazers Soccer Club.

(IF over age 18) Player Signature X \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ 2020

**THIS IS A RELEASE OF LIABILITY. DO NOT SIGN IT IF YOU DO NOT AGREE WITH ITS TERMS.**