

League Use Only

BOYS/GIRLS U-_____ TRYOUT#_____

Notes:

**ALBION SOCCER CLUB
PLAYER TRYOUT INFORMATION SHEET & WAIVER**

**IMPORTANT NOTE: This form DOES NOT constitutes CYSA player registration.
It is merely informational in purpose and only for the use of the
Albion Soccer Club for tryout registration and evaluation**

PLAYER _____ POSITION _____

AGE _____ BIRTHDATE _____

PARENTS _____

ADDRESS _____

PHONE(S) HOME: _____ Alternate: _____

EMERGENCY CONTACT _____

E-MAIL (Mandatory) _____

PREVIOUS SOCCER CLUB (S) _____ Level of play: _____

**PLEASE READ AND SIGN THE DISCLAIMER BELOW. PLAYER WILL NOT BE ABLE TO
TRYOUT UNTIL THIS DOCUMENT IS SIGNED AND RETURNED.**

I, the parent/guardian of the above-named Player, a minor, agree that I and Player will abide by the rules of Peninsula Soccer League ("PSL"), CYSA-S, its affiliated organizations, coaches and sponsors (collectively, "Agents"). Recognizing the possibility of physical injury associated with soccer and in consideration of PSL and Agents accepting Player for its soccer programs and activities, including tryouts ("Programs"), I hereby release, discharge and/or otherwise indemnify PSL and Agents, including the City of San Diego and its related departments, against any claim by or on behalf of Player as a result of Player's participation in Programs. I further hereby consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of Player.

NAME: _____ SIGNATURE: _____

DATE: _____

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