



# Campton United Soccer Club Tryout Registration Form

**Position:** (Check one)

- Field Player  
 Dedicated Goalkeeper  
 Goalkeeper/Field Player

**TRYOUT #:**

(Assigned by registrar)

Age Group: U -

Boy  Girl

Player's Name

Date of Birth

Street Address

Grade in School Fall 2010

City, State, Zip

Home Phone

Day Time Phone

Father's Name

Mother's Name

E-Mail Address

Current Soccer Club

Team/Division

Number of Years

Other Soccer Club Experience

How did you hear about us? (Check all that apply)

- Returning Player  Newspaper  Brochure  Friend

My child/ward has my permission to participate in Campton United Soccer Club's open tryouts. I hereby certify that my child/ward is in good health and able to participate in all activities. I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages, or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims my minor child/ward or I may have (or accrue to my child/ward or me) as a result of participating in this program/activity against Campton United Soccer Club, including its officials, agents, volunteers and employees. I do hereby fully release and forever discharge Campton United Soccer Club from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to my minor child/ward or me and arising out of, connected with, or in any associated with this program/activity. In the event of a medical emergency, I grant permission for my child/ward to receive emergency treatment at a local hospital only after reasonable attempts have been made to contact me.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
RELATIONSHIP TO MINOR

\_\_\_\_\_  
CELL PHONE

\_\_\_\_\_  
NAME OF OTHER CONTACT IN CASE OF EMERGENCY

\_\_\_\_\_  
PHONE