

Attach
Photo Here

Try-Out # _____
Last Name _____



Alliance FC Try-Out Form

Fall 2007 and Spring 2008

Player's Name _____ Date of Birth _____

Home Phone _____ Age Group (ex. U12B) _____

Mother's Name _____ Cell # _____

Father's Name _____ Cell # _____

Address _____ City/State/Zip _____

Primary email Address (print neatly) _____

Secondary email Address (print neatly) _____

Dominant Foot _____ Favorite Position _____

Comments:

Waiver and Release

I, _____, as parent and/or guardian of _____, agree to allow my child to participate in the Alliance FC evaluation procedures. I understand that soccer is a physically demanding sport and my child is capable of participating. I hereby assume the risks of participation and agree to WAIVE, RELEASE, AND DISCHARGE Alliance FC, it's staff, employees, and agents from any and all claims or liabilities of death or personal injury or damages of any kind. I understand that photographs may be taken of my child and I give Alliance FC permission to use photos on promotional materials that include but, are not limited to the Alliance FC website and club handouts.

SIGNED _____ DATE _____

Check this box if you do not want your child's photo used in promotional materials.