

GULF COAST UNITED FUTBOL CLUB
Player Tryout Registration Form & Waiver
2018-2019



Date of Birth: _____

Player Name: _____ Gender: Male Female

Parent/Guardian Name(s): _____

Address: _____

Parent/Guardian Phone: 1) _____ 2) _____

*Please list two #'s

E-Mail Address (required): _____

Previous Soccer Club(s) & Dates Played: _____

Medical Condition(s): _____

Other Notes/Information: _____

WAIVER

Please read and sign the disclaimer below. Player will not be able to tryout until this document is signed and received.

By signing below, I give full consent for my son/daughter to participate in any and all required activities pertaining to Gulf Coast United FC Tryout Sessions. I acknowledge that even with the best coaching, use of protective equipment, and strict observance of the rules, injuries are still a possibility. As the parent/legal guardian of the named player, I do hereby authorize and give permission for medical services to be rendered on behalf of my son/daughter for any injury received while participating in this event. This authorization includes, but not limited to, any treatment deemed necessary by certified personnel, physicians, emergency personnel, or hospital staff. By signing this form, I voluntarily assume all risk of personal accident, injury, damage, and/or loss as a result of participation in the Gulf Coast United FC tryout sessions, and hold harmless its officers, coaches, and any other individuals acting on behalf of this entity for any and all damage or injury of any kind as a result of my child's participation.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

STAFF USE ONLY

Boy	Girl	TRYOUT #: _____
Birth Year: _____	Coach: _____	