



MADISON FC 2019 – 2020 TRYOUT REGISTRATION FORM

Player Name: _____ Boy _____ Girl _____

Birth Date: (MM/DD/YYYY) _____ Grade Entering in Fall 2019: _____

Address: _____ City: _____ Zip: _____

Emergency Name(s)/Phone(s): _____

Emergency Name(s)/Phone(s): _____

Player's Current Club: _____ Position: _____

Email ** (print legibly): _____

Email ** (print legibly): _____

Email ** (print legibly): _____

** Team selection and other important communication sent via email; **PLEASE PRINT LEGIBLY!**

The registered "Player" and parent/legal guardian of the "Player" recognizes that soccer is a vigorous sport and that the "Player" may suffer temporary or permanent serious physical injury including, but not limited to, sprains, fractures, brain or spinal damage, paralysis or even death while playing in a soccer game, tournament, practice or scrimmage. With full knowledge of these risks and in consideration for Madison FC, Inc. pursuant to the recreational assumption of risk statute, sec. 895.525 (4), Wis. Stats., the Parent (or Legal Guardian) of the "Player" hereby accepts and assumes full responsibility for any and all harm caused by negligence, and agrees to release, discharge, and/or otherwise indemnify Madison FC, Inc., including all staff and directors. This Release of Liability shall remain in effect for the duration of this program and shall be interpreted under Wisconsin law.

Parent / Guardian Name: _____

Parent / Guardian Signature: _____ Date: _____

Fee: \$35

Mail completed form and check (payable to "Madison FC") to:

**Madison FC
5410 Greenleaf Drive
Madison, WI 53713**

