



## Player Tryout Application And Liability Waiver

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Please circle below the tryout session you are attending:

**U12   U13   U14   U15   U16   U17   U18**

Male/Female (please circle one)

Date of Birth \_\_\_\_\_

Player's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address(s) \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

What school will you attend in 2009/2010? \_\_\_\_\_

Circle each position you play: Forward   Midfielder   Defender   Goalkeeper

Name of the most recent outdoor team you played with: \_\_\_\_\_

If you have participated in ODP, circle the level you achieved for each of the following years.

**2008**   District Team   State Pool   State Team   Regional Pool   Regional Team   National Pool   National Team

**2009**   District Team   State Pool   State Team   Regional Pool   Regional Team   National Pool   National Team

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I the undersigned (if participant is 18 years of age or older) or parent/guardian of the above listed minor participant acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risk not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue the Thunder Soccer Club, its affiliated organizations and sponsors, their coaches, managers, employees and associated personnel, officers, directors, agents, including the owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the participant as a result of participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releases from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said release because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the release. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please complete this form and turn in to a tryout volunteer. You will then  
receive a packet of information and forms.**