

# Newport News FC Travel Soccer Club

## 2008 - 2009 Member Registration and Participation Waiver

### Section I. Player Information

Full Name of Player: \_\_\_\_\_ Tryout # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Playing Age Level: \_\_\_\_\_

Age as of July 31<sup>st</sup> \_\_\_\_\_

Previous Team and Club: \_\_\_\_\_

Name of Parent/ Guardian: \_\_\_\_\_

Phone Number(s): AM \_\_\_\_\_ PM \_\_\_\_\_ Cell \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-mail addresses \_\_\_\_\_

Do you have another player participating in tryouts, if so please list below.

Name \_\_\_\_\_ Age Level \_\_\_\_\_

Name: \_\_\_\_\_ Age Level \_\_\_\_\_

### Section II. Parental Consent & Liability Waiver

My child is in good normal health and has my permission to participate in all training, camp and tryout activities while a member of Newport News F.C. In addition, I authorize Newport News F.C., Inc. and its staff members to act for me in securing medical treatment in the event of any emergency, illness or injury to my child. I understand and agree that Newport News F.C., Inc. and staff members will assume no responsibility and will not be held liable for any accident resulting in medical, dental, or other expenses. Furthermore, I certify that my child has personal medical coverage and accept the risks involved in participating in competitive travel soccer.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Child Name \_\_\_\_\_

#### Emergency contact information:

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

----- **For Staff Use** -----

Tryout Number Assigned: \_\_\_\_\_ Verified Age Group: \_\_\_\_\_

Team Assignment: \_\_\_\_\_ Elite \_\_\_\_\_ Premier \_\_\_\_\_ Classic

Other Considerations: \_\_\_\_\_