

Newport News FC Travel Soccer Club

2009-2010 Member Registration and Participation Waiver

Section I. Player Information

Full Name of Player: _____ Tryout # _____

Date of Birth: _____ Playing Age Level: _____

Age as of July 31st _____

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: _____