

Tryout # \_\_\_\_\_



**Club Registration / Release Form**

Revised: 2018



Players who are selected and commit to play for the Freedom Soccer Club or Freedom Heroes are members of their team for a period of one year, beginning July 1, 2018 and ending June 30, 2019.

Please check the appropriate box:	<input type="checkbox"/> U8 Born 2011	<input type="checkbox"/> U9 Born 2010	<input type="checkbox"/> U10 Born 2009	<input type="checkbox"/> U11 Born 2008	<input type="checkbox"/> U12 Born 2007
	<input type="checkbox"/> U13 Born 2006	<input type="checkbox"/> U14 Born 2005	<input type="checkbox"/> U15 Born 2004	<input type="checkbox"/> U16 Born 2003	<input type="checkbox"/> U17/18/19 Born 2000/2001/2002

Please consider me for: Freedom  Freedom Heroes  Both

**PLEASE TYPE OR PRINT ALL INFORMATION LEGIBLY - PLAYER'S INFORMATION**

Player's Name:					
Player's Address:					
City, State & ZIP					
Date of Birth	Check One	<input type="checkbox"/> M	Fall 2018 School		
		<input type="checkbox"/> F	-----	Fall Grade Level	
Team Played for Last Season					
Other Sports /Activities					
Medical Conditions					

Father's Name					
Phone #:	( ) - (c)	( ) - (h)			
Email Address:					
Mother's Name					
Phone #:	( ) - (c)	( ) - (h)			
Email Address:					

**If my child is selected, please call this number on the SUNDAY after tryouts:** (please print legibly)

<p><b>Release/Waiver:</b></p> <p><b>Code of Conduct:</b></p> <p><b>Disclosure:</b></p> <p><b>Deposit:</b></p> <p><b>Signature:</b></p>	<p><b>Release:</b> I recognize the possibility of injury associated with soccer, this tryout, and my involvement with the Freedom Soccer Club (FSC), Heroes and Big Walnut Soccer Association (BWSA), its teams, and all related activities. I hereby release, discharge, and otherwise indemnify said organizations, its affiliated organizations, the club directors, coaches, sponsors, volunteers, and associated personnel including the facility owners and their employees, from any claim by or on behalf of the registrant as a result of the registrant's participation and/or being transported to and from events with said organizations. This includes but is not limited to injuries, illness, losses or damages of any kind to person or personal property incurred during my involvement. I authorize the Freedom Soccer Club, its directors, coaches, and associated personnel to act on my child's behalf according to their best judgment in any incident or emergency requiring medical or other attention.</p> <p><b>Code of Conduct:</b> The FSC and BWSA expects players, parent/guardians, and family members to demonstrate good sporting behavior before, during, and after club/team activities. Any player or players' family member displaying unsporting behavior involving teammates, officials, opponents or coaches may result in my child being removed from the team/club.</p> <p><b>Disclosure:</b> I understand that 1) information collected on this form will be used by officials of affiliated soccer organizations to establish my child's eligibility to participate in the Freedom Soccer Club (FSC) or Freedom Heroes 2) the information will not be disclosed except to officials of the affiliated soccer organizations and the associated Parks' Board, 3) the names, address(es), and phone number(s) on this form may be shared with members of the team that my child plays on; and 4) personal information will be held one year in case my child re-registers for FSC or Freedom Heroes. I consent to the disclosure and use of this information to the extent noted here.</p> <p><b>Note:</b> A \$400 nonrefundable deposit is due at the first team meeting. The fee schedule/due dates will be given at that meeting. Players must be in good standing with the club before participating. <b>Fees are nonrefundable.</b></p> <p>As the parent/guardian of the player named, by signing below I am indicating that I understand and acknowledge all items above and provide my consent for emergency medical treatment and waive liability during the tryout and any associated time with FSC.</p>
	<p>X _____ <b>Date:</b> _____</p>