

## **Utah Storm Soccer Club** 2015-2016 Season

Tryout Information Form Welcome to the start of the 2015-2016 Soccer Season. We are excited to have you participating with our club.



## **PLAYER INFORMATION**

PLAYER NAME:			
PARENT NAME:			
ADDRESS:			
PHONE:		ST	ZIP
THORE.	TANCENT EMAIL.		
BIRTHDAY: MONTH	DAY	YEAR	
MONTH	DAY	YEAK	
I hereby give permission for my player (listed above Youth Soccer Association (UYSA). As a parent/guar the Utah Storm Soccer Club and its teams. I release property owners from any claim or action on behalf	rdian, of the minor participant, I ag e any and all Utah Storm Soccer C	ree that the participant v	vill abide by the rules of
CONSENT FOR MEDICAL TREATMENT As a parent or legal guardian of the above-named p duly licensed Doctor of Medicine or Doctor of Dentis preserve life, limb or well-being of the participant.			
PARTICIPARTION RISK STATEMENT As a parent or legal guardian of the above-named p of serious injury or death. In my capacity as parent o or legal guardian as well as the minor of the risks in named minor to play. I agree that my health & accid including rehabilitation.	or legal guardian, I understand the volved with sport participation. I have	e risks and responsibility ave made a conscious d	to notify the other parent ecision to allow the
Parent/Guardian Signature:		Date:	
MOST RECENT SOCCER PLAYING EXPE	ERIENCE		
TEAM:	COACH:		
PREFERRED TEAM & COACH			
TEAM:	COACH:		
Preferred Coach will have first option to pick up	your player.		
ADMINISTRATIVE USE ONLY			
PLAYER TRYOUT NUMBER:			