



# Utah Storm Soccer Club 2016-2017 Season Tryout Information Form



Welcome to the start of the 2016-2017 Soccer Season.  
We are excited to have you participating with our club.

## PLAYER INFORMATION

PLAYER NAME: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET
CITY
ST
ZIP

PHONE: \_\_\_\_\_ PARENT EMAIL: \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_  
MONTH
DAY
YEAR

I hereby give permission for my player (listed above) to participate in tryouts for the Utah Storm Soccer Club, a member of the Utah Youth Soccer Association (UYSA). As a parent/guardian, of the minor participant, I agree that the participant will abide by the rules of the Utah Storm Soccer Club and its teams. I release any and all Utah Storm Soccer Club and UYSA officers, employees and tryout property owners from any claim or action on behalf of the named participant.

### CONSENT FOR MEDICAL TREATMENT

As a parent or legal guardian of the above-named participant, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are deemed necessary to preserve life, limb or well-being of the participant.

### PARTICIPATION RISK STATEMENT

As a parent or legal guardian of the above-named participant, I fully understand that participating in the sport of soccer presents a risk of serious injury or death. In my capacity as parent or legal guardian, I understand the risks and responsibility to notify the other parent or legal guardian as well as the minor of the risks involved with sport participation. I have made a conscious decision to allow the named minor to play. I agree that my health & accident insurance will be the primary insurance to cover expenses for any such injury, including rehabilitation.

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

## MOST RECENT SOCCER PLAYING EXPERIENCE

TEAM: \_\_\_\_\_ COACH: \_\_\_\_\_

## ADMINISTRATIVE USE ONLY

PLAYER TRYOUT NUMBER: \_\_\_\_\_