



**2019-2020
TRYOUT FORM**

NAME OF PLAYER: _____

I/WE, THE PARENT(S) OF THE ABOVE NAMED CHILD, HEREBY GIVE MY/OUR CONSENT FOR THE PARTICIPATION IN THE ACTIVITY IDENTIFIED ABOVE, AND DO CLAIM THAT HE/SHE IS IN PERFECT PHYSICAL CONDITION TO PARTICIPATE IN SAID ACTIVITY. FURTHERMORE, I/WE, THE PARENT(S) OF THE ABOVE NAMED CANDIDATE FOR A POSITION ON A TEAM HEREBY GIVE MY/OUR APPROVAL TO HIS/HER PARTICIPATION IN ALL ORGANIZATION ACTIVITIES DURING THE CURRENT SEASON. I/WE ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION INCLUDING TRANSPORTATION TO AND FROM ACTIVITIES. AND I/WE DO HEREBY WAIVE, RELEASE, ABSOLVE INDEMNIFY AND AGREE TO HOLD HARMLESS THE LONG BEACH ATHLETIC CLUB, LONG BEACH APPLE CORE, THE CITY OF LONG BEACH, ASSOCIATED ORGANIZATIONS, THE ORGANIZERS, SPONSORS, SUPERVISORS, PARTICIPANTS AND PERSONS TRANSPORTING MY/OUR SON/DAUGHTER TO OR FROM ACTIVITIES, FOR ANY CLAIM ARISING OUT OF AN INJURY TO MY/OUR SON/DAUGHTER, OR MYSELF, EXCEPT TO THE EXTENT AND IN THE AMOUNT COVERED BY ACCIDENT OR LIABILITY INSURANCE.

PARENT SIGNATURE: _____ **DATE:** _____

PARENT NAME (PRINT): _____ **EMERGENCY #:** _____

Please submit this application at first tryout with payment and original release where applicable.

**TRYOUT FEE: Mite: \$60 (2 sessions)
Squirt, PW, Bantam & Midget: \$100 (3 Sessions)
ALL GOALIES FREE**

**Please make checks payable to:
*LONG BEACH ATHLETIC CLUB, INC. or LBAC, INC.***

CHILD NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PARENT'S/GUARDIAN'S NAMES: _____

HOME PHONE: _____ **CELL PHONE:** _____

EMAIL ADDRESS: _____

DOB: _____ **LEVEL (circle one):** MITE SQUIRT PEE-WEE BANTAM MIDGET

LAST YEAR'S TEAM/TIER: _____ **RELEASE INCLUDED?** YES NO

POSITION: FORWARD DEFENSE GOALIE

SHOOTS: RIGHT LEFT