



Northwestern Soccer Tryout Registration Form

<http://soccer.nyaatigers.org>

Administrative Use Only =====>

Tryout #: _____

Attended:

1st Tryout

2nd Tryout

Player Information

(Please Print)

Last Name: _____ First Name: _____

Date of Birth: _____ Grade in Fall: _____

Parent/Guardian's Information

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email 1: _____ Email 2: _____

Policy Acknowledgement Requirement – Check this box to acknowledge you have read, are aware, and agree to Northwestern Soccer's Tryout, Communication, and Playing Time policies. In addition you also agree to abide by the Players and Parents Code of Conduct Policies. All policies are available from within the Soccer Policies section of our website at <http://soccer.nyaatigers.org>

Release

I hereby certify that the above named child has my approval to participate in this tryout which is conducted by Northwestern Youth Athletic Association (NYAA) Soccer. Being fully aware of the risks associated with my child's participation in sports, I knowingly and voluntarily assume all risks of bodily injury that may be suffered by my child. I expressly agree to indemnify, protect, exonerate, defend and save NYAA and its representatives harmless from any and all claims, lawsuits, causes and/or rights of action, for injuries or damages due as a result of, pertaining to, relating to, caused by or arising out of my child's participation in any NYAA program. I forever release and discharge NYAA and its representatives from any and all claims, lawsuits, causes and/or rights of action as a result of, pertaining to, relating to, caused by or arising out of my child's participation in any NYAA program.

In the event that my child becomes ill, sustains an injury, or is involved in an accident, I authorize NYAA to seek any necessary treatment and authorize the treating hospital/physician to provide my child any emergency medical treatment they deem necessary or appropriate. Such consent shall include, but not limited to administration of necessary anesthetics, medical treatment, test, x-ray examination, transfusions of drugs and the performing of whatever operations may deem necessary or advisable. I accept full responsibility for any expenses incurred in the medical treatment of my child and understand that NYAA does not assume any financial obligation or liability for the medical treatment of my child.

Sign - Authorized Parent/Guardian

Date

Printed Name

Revised: 4/20/2015