



TRUSSVILLE UNITED SOCCER CLUB
 P.O. Box 1323
 Trussville, Alabama 35173
 www.trussvilleunitedsoccer.com



Trussville United Soccer Club Select Team Tryouts Agreement, Waiver and Release Form

I hereby waive, release and discharge any and all claims for damages for the personal injury, death or property damage which I may have, or which hereafter accrue to me, as a result of participation in soccer practice / tryouts and / or soccer competition in all its forms. This release is intended to discharge in advance Trussville United Soccer Club including its coaches or volunteers from any and all liability arising out of or in any way connected with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks, I assume those risks. I authorize the persons and entities mentioned above to request and secure any medical treatment in the event that I can not communicate or to insure my well being. Listed on the next page are personal details including who to contact in case of emergency and medical details that may impact my participation in the tryouts. I agree to pay the property damage I may cause during tryouts. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold Trussville United Soccer Club and all persons and entities associated with Trussville United Soccer Club free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of my death, injury or property damage that I may sustain while participating in said activity.

Parental Consent: (to be completed and signed by parent / guardian if applicant is under 18 years of age).

I hereby consent that my dependent _____ may participate in the above activity and I hereby execute the above Agreement, Release and Waiver on his / her behalf. I state that said minor is physically able to participate in said activity. I authorize the persons and entities mentioned above to request and secure any medical treatment in the event that I can not be contacted or to insure the well being of my dependent. It is understood that in any event, an attempt will be made to contact me before treatment is started. Listed on the next page are personal details about my dependent, including who to contact in case of emergency besides me and medical details that may impact my dependent's participation in the tryouts. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost or expense which may arise or may be incurred as a result of the death, injury or property damage they said minor may sustain while participating in said activity. I agree to pay the property damage my dependent may have caused during his / her time at tryouts. Undersigned further expressly acknowledges that the foregoing agreement, waiver and release form is intended to be as broad as is permitted by the laws of the State of Alabama and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Undersigned further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE ABOVE ENTITIES AND MYSELF AND AFFECTS MY LEGAL RIGHTS. I SIGN IT OF MY FREE WILL.

Signature _____

Date _____

Name (Printed) _____

Parent _____ or Guardian _____

Witness _____

Date _____

Name (Printed) _____



TRUSSVILLE UNITED SOCCER CLUB
 P.O. Box 1323
 Trussville, Alabama 35173
 www.trussvilleunitedsoccer.com



Player's Name _____ **Age** _____ **Date of Birth** _____

Street _____ **City / State / Zip** _____

Home Phone _____ **Cell Phone** _____

Parent / Guardian Name _____ **Relationship** _____

Street _____ **City / State / Zip** _____

Home Phone _____ **Cell Phone** _____

Parent / Guardian Name _____ **Relationship** _____

Street _____ **City / State / Zip** _____

Home Phone _____ **Cell Phone** _____

In case of emergency, if parents / guardians cannot be reached please notify:

Name _____ **Phone** _____

Relationship _____

Family Doctor and Phone _____

Known Allergies _____

Please check any if applicable **Asthma** _____ **Diabetes** _____ **Contact Lenses** _____ **Glasses** _____

List of Medications Taking _____

Parent / Guardian Signature _____ **Date** _____