

KELIIX INTRA SOCCER CLUB - 2009-2010 SEASON TRY-OUTS

Player Information First Name _____ M.I. ____ Last _____
Nickname _____ Home Phone () _____
Address _____
City _____ Zip _____
Date of Birth ____ / ____ / ____ Sex: Male ____ / Female ____

Parent Information Parent's First Name _____ Last _____
Address _____
City _____ Zip _____
Phones: (Home) () _____ (Day) () _____
(Cell) () _____ E-mail _____

Parent's First Name _____ Last _____
Address _____
City _____ Zip _____
Phones: (Home) () _____ (Day) () _____
(Cell) () _____ E-mail _____

Agreement/Waiver I / We give permission for _____ to participate in the Try-outs with Keliix Intra Soccer Club, including tryout sessions, training and scrimmages.

Recognizing the possibility of physical injury associated with soccer and in consideration of the registrant's acceptance to try-out for the Soccer Program, we hereby release, discharge and/or otherwise indemnify Keliix Intra Soccer Club, its coaches, trainers, volunteers and associated personnel, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Soccer Program, and/or being transported to or from the same, which transportation we hereby authorize.

Parent/Legal Guardian (print)

Signature Date _____

Player Agreement If invited to join a Keliix team, I promise to attend all practices, games and tournaments to the best of my ability. I further agree to follow the rules of the Minnesota Youth Soccer Association and to practice good sportsmanship on and off the field.

Player Signature Date _____

Registration Fee A payment of \$30, representing the tryout Fee, is due with this form, payable to: Keliix Intra Soccer Club.

Donation Keliix Intra Soccer Club is a 501(c)(3) charitable organization. Enclosed is a tax-exempt donation to the club of \$ _____.