

Date _____

Freedom Soccer Club Tryout Waiver

Freedom District Optimist Club & Freedom Area Rec Council
In cooperation with Carroll County Department of Recreation and Parks

NAME: _____	BIRTHDATE: _____
ADDRESS: _____	
_____	ZIP: _____
PHONE: _____	
FATHER/GUARDIAN: _____	
E-MAIL: _____	
MOTHER/GUARDIAN: _____	
E-MAIL: _____	

I/We assume all risks and hazards incidental to the conduct of the league activities and transportation to same and do hereby release, absolve and acquit the Freedom Area Rec Council, the Carroll County Department of Recreation and Parks and the Freedom District Optimist Club its officers, members, organizers, managers, coaches and sponsors of Freedom Soccer Club from any liability whatsoever in regard to same and from any claim for damage arising out of the activities conducted, including (but not limited to) injuries received at tryouts, games, practices or while being transported to or from the activities.

Signature of Parent or Guardian _____

Age Group Trying out for: _____

The Americans with Disabilities Act applies to the Carroll County Government and its programs, services, activities, and facilities. Anyone requiring an auxiliary aid or service for effective communication or who has a complaint should contact Madeline M. Morey, The Americans with Disabilities Act Coordinator, 410.386.3800, 1.888.302.8978, MD Relay 7-1-1/1.800.735.2258 or email mmorey@ccg.carr.org as soon as possible but no later than 72 hours before the scheduled event.