



HC Storm Soccer Club 2010/2011 Season Tryout Information Form



Welcome to the start of the 2010/2011 Soccer Season. We are excited to have you participating with our club.

PLAYER INFORMATION

PLAYER NAME: _____

PARENT NAME: _____

STREET

CITY

ST

ZIP

ADDRESS: _____

PHONE: _____ PARENT EMAIL: _____

BIRTHDAY: _____
MONTH
DAY
YEAR

I hereby give permission for my player (listed above) to participate in tryouts for the Hobbie Creek Storm Soccer Club, a member of the Utah Youth Soccer Association (UYSA). As a parent/guardian, of the minor participant, I agree that the participant will abide by the rules of the Hobbie Creek Storm Soccer Club and its teams. I release any and all Hobbie Creek Storm Soccer Club and UYSA officers, employees and tryout property owners from any claim or action on behalf of the named participant.

CONSENT FOR MEDICAL TREATMENT

As a parent or legal guardian of the above-named participant, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are deemed necessary to preserve life, limb or well-being of the participant.

PARTICIPATION RISK STATEMENT

As a parent or legal guardian of the above-named participant, I fully understand that participating in the sport of soccer presents a risk of serious injury or death. In my capacity as parent or legal guardian, I understand the risks and responsibility to notify the other parent or legal guardian as well as the minor of the risks involved with sport participation. I have made a conscious decision to allow the named minor to play. I agree that my health & accident insurance will be the primary insurance to cover expenses for any such injury, including rehabilitation.

Parent/Guardian Signature: _____ Date: _____

MOST RECENT SOCCER PLAYING EXPERIENCE

TEAM: _____ COACH: _____

PREFERRED TEAM & COACH

TEAM: _____ COACH: _____

We don't guarantee that a request will be honored, but we will take this request into consideration.

ADMINISTRATIVE USE ONLY

PLAYER TRYOUT NUMBER: _____