



2019/2020 Player Contact Information Tryout Form

Tryout Fee \$15

Player's Name _____

Address _____

Family home phone# _____

Work phone# Dad _____

Work phone # Mum _____

Dad's name _____

Mum's name _____

Dad's cell # _____

Mum's cell # _____

Player's cell # _____

Please print the email addresses as clearly as possible.

Family email _____

Work email _____

Player's email _____

Player's date of birth _____

Previous club you played for _____

Tryout Fee \$15: Please circle Cash or Check. If check, check

_____

Consent/Waiver Statement

I, the parent/guardian of the registrant, a minor, consent and allow the participation of the registrant in CLEVELAND COBRA tryout sessions. I also agree that I, and the registrant, will abide by the rules of the USSF, USYSA, US Club Soccer, its affiliated organizations, including CLEVELAND COBRAS, and sponsors. I recognize the possibility of physical injury associated with soccer and in consideration for the USSF, USYSA and US Club Soccer accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify CLEVELAND COBRAS, USSF, USYSA, US Club Soccer, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which I hereby authorize.

Name

Parent/Legal Guardian (please print)

Signature _____ Date _____

The fee entitles the player to attend all three training sessions for her/his age group