CHATHAM SOCCER LEAGUE

TRY-OUT WAIVER FORM

Player I.D. Number: _____(assigned at the tru-outs)

Name _____ Birthdate _____ Age _____

Address _____
. (Street) (City) (Zip)

Phone _____ _____
. (Home) (Work)

Email _____

PARENT/GUARDIAN INFORMATION:

Mother _____ Father _____

Address _____ Address _____

In case the above person is unavailable, please give an alternate name and phone number.

Alternate Contact _____ Phone _____

I am aware that while playing soccer certain risks and dangers may occur, including, but not limited to falls, kicks, or other injury. In consideration of the right to participate in soccer programs, tryouts , and other related event, I have and do hereby assume all the above risks, and will hold harmless Chatham Soccer League from any and all liability, actions, causes of actions, debts, claims and demands of every kind and nature whatsoever which I now have, or which may arise from or in connection with my child's participation, including, but not limited to, any and all claims arising NEGLIGENCE or CARELESSNESS. I release, discharge and agree to hold harmless and indemnify any one of the instructors, coaches, participants or other employee of Chatham Soccer League, including the owners of the fields and facilities utilized for the programs, from any and all liability, claims, or demands. The terms hereof shall serve as a release and assumption of risk for my heirs, executors, and administrators and for all members of my family. I certify that my child is medically sound and physically fit to play soccer.

Signature _____ Date _____

(Parent or Guardian must sign for all persons under 18)