

# TRI-STATE YOUTH SOCCER CLUB SUMMER 2017

Player's name \_\_\_\_\_  
Parent's name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Allergies \_\_\_\_\_  
Medical conditions \_\_\_\_\_  
**Email** \_\_\_\_\_

\*\*\*\*\*Please include cell and email for weather related cancellations\*\*\*\*\*

## Division of play

Division	Year of birth
Tom Thumb	2012-2011
Minors	2010-2009
Majors	2008-2007
Seniors	2006, 2005, 2004
Super Seniors	2003 – graduation

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**Parental Support:** Coach \_\_\_\_\_ Ass't Coach \_\_\_\_\_ Team Parent \_\_\_\_\_  
Timer \_\_\_\_\_ League Volunteer \_\_\_\_\_  
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As the parent/guardian of the above child, I hereby give my full consent and approval for my child to participate as a team member in the sport designated below. I understand that there are certain risks of injury inherent in the play of this sport, as well as in other related activities incidental to my child's participation and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities. In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the organization named below, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Sponsoring Organization

\_\_\_\_\_  
Sport

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**Official use only:** Date paid \_\_\_\_\_ Amount \_\_\_\_\_  
Cash \_\_\_\_\_ Check \_\_\_\_\_ Assisted \_\_\_\_\_  
Received by \_\_\_\_\_ Treasurer Received \_\_\_\_\_