# Strikers Soccer Club Tryout Form 2011-2012

- Please complete one form per team tryout.
- Check **www.laytonstrikers.com** for updates on tryout info
- Please allow 15 minutes for the check in process.

Tryout Number Assigned _____

Check all that apply!

☐ STATE TEAM ☐ DISTRICT TEAM ☐ BOYS TEAM ☐ GIRLS TEAM

AGE GROUP

☐ U9 ☐ U10 ☐ U11 ☐ U12 ☐ U13 ☐ U14 ☐ U15 ☐ U16 ☐ U17

Team Child played on during 2010-11 Season _____ (Team name & division)

| Player's Last Name | Player's First Name | Home Phone number |
|---|---|---|
| Parent's Names | Father emergency contact number | Mother emergency contact number |
| Street Address | City & Zip | Family e-mail address |

_____/_____/_____

Player's Date of Birth

Participant and Volunteer Waiver

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

1. IN CONSIDERATION of being permitted to participate in any Striker Soccer Club activity, an affiliation of Utah Youth Soccer Association and United States Youth Soccer Federation, I and/or my minor child, our personal representatives, assigns, heirs and next of kin.
2. I ACKNOWLEDGE, agree, and represent that I and/or my minor understand the nature of Striker Soccer Club and that I and/or my minor child are qualified, in good health, and in proper physical condition to participate in such activity. I further agree that if at any time I believe conditions or equipment to be unsafe, I and/or my minor child will immediately discontinue further participation in the activity.
3. FULLY UNDERSTAND that: (a) Striker Soccer Club activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death ("risks"); (B) these Risks and dangers may be caused by me and/or my child's own actions, or inactions, the actions or inactions of others participating in the activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and responsibility for losses, costs and damages I and/or my minor child incur as a result of my participation in the activity.
4. Hereby accept and assume all such risks, known and unknown, and assume all responsibility for the losses, costs, and/or damages following such injury, disability, paralysis, or death, even if caused, in whole or in part, by the negligence of the "releasees" named below:
5. Hereby release, discharge, and covenant not to sue Striker Soccer Club, their respective member teams and leagues, their administrators, directors, agents, officers, volunteers, team members and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place. (each considered one of the "releasees" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise, including negligent rescue operations; and I further agree that if, despite this release and waiver of liability assumption of risk and indemnity agreement I and/or my minor child, or anyone on my and/or my minor child's behalf, makes a claim against any of the releasees, I will indemnify, save and hold harmless each of the releasees from litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.
6. I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, not withstanding, shall continue in full force and effect.
7. I hereby give my permission, as the parent/legal guardian of the above named participant, to receive emergency medical care prescribed by a certified doctor of medicine and/or dentistry as deemed to be necessary.

By my signature, I certify that I have read points 1- 7.

X_____ _____

Parent/Guardian Signature Date