



Strikers Soccer Club Tryout Form 2026-2027

Please complete one form per team tryout.

Tryout Number Assigned _____

Check www.laytonstrikers.com for updates on tryout info.

Please allow 30 minutes for the check-in process.

<input type="checkbox"/> BOYS TEAM	<input type="checkbox"/> GIRLS TEAM
AGE GROUP	
<input type="checkbox"/> U9 <input type="checkbox"/> U10 <input type="checkbox"/> U11 <input type="checkbox"/> U12 <input type="checkbox"/> U13 <input type="checkbox"/> U14	<input type="checkbox"/> U15 <input type="checkbox"/> U16 <input type="checkbox"/> U17 <input type="checkbox"/> U18 <input type="checkbox"/> U19
Team child played on during 2025-2026 Season:	

Player's Last Name:	

Player's First Name:	

Contact Phone #:	

Parent/Guardian Names:	

Emergency Contact #1:	

Emergency Contact #2:	

Street Address:	

City & Zip:	

Contact E-mail Address:	

Player's Date of Birth:	
____/____/____	

Participant and Volunteer Waiver

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.
3. FULLY UNDERSTAND that Striker Soccer Club activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death.
4. Hereby accept and assume all such risks, known and unknown, and assume all responsibility for losses, costs, and/or damages following such injury, disability, paralysis, or death.
5. Hereby release, discharge, and covenant not to sue Striker Soccer Club and all related parties from liability, claims, demands, losses, or damages.
6. I have read this agreement, fully understand its terms, and have signed it freely and without inducement.
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 necessary.
8. PHOTO RELEASE: I grant permission to Striker Soccer Club to use photographs and/or video recordings of the participant for promotional, educational, and social media purposes without compensation.

By my signature, I certify that I have read and agree to the above terms.

Parent/Guardian Signature: _____

Date: _____