



Try-Out Registration

P.O. Box 1853, Englewood, CO 80150 (303)761-9412
<http://www.riversidesoccer.com>

Name: _____ Birth Date: _____ Age: _____ Sex: _____

Address: _____ City: _____ Zip: _____

Emergency Contact: _____ Phone Number: _____

Special Request: _____ Email: _____

Medical Concerns: _____

PERMISSION TO PLAY, RELEASE OF LIABILITY, AND CONSENT FOR MEDICAL TREATMENT

THIS IS TO CERTIFY THAT MY CHILD HAS PERMISSION TO PARTICIPATE IN RIVERSIDE SOCCER CLUB. It is understood that participation in this sport activity could result in injury to my child. The undersigned expressly assumes any such risks and waives and releases the Riverside Soccer Club, its directors, officers, coaches, referees, and any other volunteer or employee from any and all claims or causes of action or liability he/she or the child may have. I give my consent for all emergency medical care prescribed by a licensed physician or dentist for the player identified in this registration. Care may be given under whatever condition necessary to preserve life, limb, or well being of my dependent.

Signature of Parent of Guardian

Date