



TRY OUT REGISTRATION

Please complete all of the information below

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

Last Team: _____

Parents: _____ Home Phone: _____

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 claims against 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

Age Groups Fall 2009 - Spring 2010

U6 8/1/03 – 7/31/04	U11 8/1/98 – 7/31/99	U16 8/1/93 – 7/31/94
U7 8/1/02 – 7/31/03	U12 8/1/97 – 7/31/98	U17 8/1/92 – 7/31/93
U8 8/1/01 – 7/31/02	U13 8/1/96 – 7/31/97	U18 8/1/91 – 7/31/92
U9 8/1/00 – 7/31/01	U14 8/1/95 – 7/31/96	
U10 8/1/99 – 7/31/00	U15 8/1/94 – 7/31/95	