



# Participant Travel Tryout Registration Form 2017- 2018 Season

Age-Group	U8	U9	U10	U11	U12	U13	U14	U15	U16	U17	U18
2017/2018	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000

Please fill out this form completely. Please write clearly; the organizers and judges must be able to read this form.

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_     Male     Female     New     Returning    Player #: \_\_\_\_\_

Player's First Name: \_\_\_\_\_ Player's Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Phone #: (\_\_\_\_) \_\_\_\_\_    Mother's Phone #: (\_\_\_\_) \_\_\_\_\_

Player's Phone #: (\_\_\_\_) \_\_\_\_\_    Home Telephone #: (\_\_\_\_) \_\_\_\_\_

E-mail Address (1): \_\_\_\_\_

E-mail Address (2): \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

### Release Statement

Note: This statement must be signed by a parent/guardian for any minor player or by an adult player or participant themselves. I, the parent/guardian of the registrant, a minor or adult registrant of legal age, agree that the registrant and I will abide by the rules of the Doral Soccer Club and/or affiliated leagues that the Doral Soccer Club participates in, and their affiliated organizations, such as Goal Soccer Club and Goal Soccer Academy. Recognizing the possibility of physical injury associated with soccer and in consideration for Doral Soccer Club accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the Doral Soccer Club and their affiliated organizations, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs, and /or being transported to or from the same, which transportation I hereby authorize.

Parent/Guardian or Adult Signature \_\_\_\_\_ Date: \_\_\_\_\_