



Participant Travel Tryout Registration Form 2019- 2020 Season

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: _____

Doral Soccer Club reserves the right of admission!
Morgan Levy Park 5300 NW 102 Ave Doral Florida 33178 www.doralsoccerclub.com