

5300 NW 102 Avenue "Morgan Levy Park" Doral, FL 33178 info@doralsoccerclub.com www.doralsoccerclub.com 786-319-1418 • 786-222-0836 • 305-979-4006 • 786-287-3355

TRYOUT PLAYER REGISTRATION

FIELD LOCATION

5300 NW 102 Avenue "Morgan Levy Park" Doral, FL 33178

Season 2023 - 2024 Player Status: New Players Name: DOB: ____/ ___ / ___ / Age: ____ Team Age Division: U-___ Gender: Male Female Right/Left Foot: Right Left Field Position of Play: GK Defender Midfielder Forward Parent/Guardian Name: _____ Phone: (work) ______ (Home) _____ (Cell) _____ E-mail 1: ______ E-mail 2: _____ **INSURANCE NOTICE**: All injuries must be reported within 90 days of the date of the injury. INFORMED CONSENT: I, the parent/guardian of the registrant, agree that we will abide by the rules of the DORAL SOCCER CLUB (DSC), the state association (FYSA) and all its affiliated organizations. My/our child wishes to participate in soccer during the seaon of this registration. I/we realize risks are involded in my/our child's participation. I/we understand that the risk to my/our child includes full ranges of injuries from minor to severe, and the result could be death, paralysis, or other serious, permanent disability. I/we accept this risk as a condition of my/our child's participation. ACKNOWLEDGMENT AND CONSENT: I agree/consent to the internal and external use by DORAL SOCCER CLUB (DSC), and/or its affiliates of mailing address, photographs of the named player, with no compensation. THIS IS A REGISTRATION FOR TRYOUTS ONLY WITH THE DORAL SOCCER CLUB THIS IS NOT A PLAYER REGISTRATION TO THE CLUB OR A TEAM

PLAYER SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: ____