BU____

GU____

NADO SELECT TRYOUT REGISTRATION FORM

Player Name _____ **Date of Birth**_____ **Age** ____

Player email _____ **Player Cell #** _____

Address _____

Home Phone _____ **E-Mail** _____

Mother's Name _____ **Father's Name**_____

Cell Mom: _____**Cell Dad:** _____

Home # (different from above) _____ **Home # (different from above)** _____

Work # _____ **Work #** _____

Emergency Contact _____ **Phone No.** _____

Relationship _____

Please list any medical problems/medications: _____

Previous Club _____

IMPORTANT -- I, the parent/guardian of the registrant, a minor, agree that I, and the registrant will abide by the rules of CYSA-South, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the CYSA-South accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the CYSA-South, its affiliated organizations and sponsors, 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.

Name (Please Print): _____

Signature: _____ **Date:** _____

CONSENT FOR MEDICAL TREATMENT (MINOR) -- As the parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Signature Of Parent/Guardian _____