



AYSO Plus Player Tryout Application and Waiver

Division (Circle One) BU11 GU11 BU12 GU12 BU13 GU13 BU14 GU14

Name of Player _____ email address _____

Date of Birth _____ Age _____ Home Phone _____

Parent _____ Work Phone _____ Parent _____ Work Phone _____

Home Address _____

Number of years playing soccer _____ Favorite Position _____

Position Experience (circle where appropriate): Defense Midfield Forward Keeper

Other Fall activities (club soccer, winter baseball, theater, etc): _____

I understand that if I make the Plus team I cannot play with any other AYSO soccer organization during the Plus season (August to December). I also understand that I am not guaranteed a position on a Region 41 Plus team for the 2008/2009 season.

Player signature _____

Important

I, the parent or guardian of the above-mentioned player, a minor, agree that the player and I will abide by the rules of AYSO and specifically AYSO Region 41. Recognizing the possibility of physical injury associated with soccer, I hereby release, discharge and/or otherwise indemnify AYSO, AYSO Region 41, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for tryouts, against any claim by or on behalf of the player as a result of the player's participation in the tryouts and/or being transported to or from same, which transportation I hereby authorize.

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Consent for Medical Treatment (Minor)

I, the undersigned parent or legal guardian of the above-named player, a minor ("Player") hereby authorize each of the coaches, team parents, and/or other officials of AYSO to act as my agents in the capacity of activity supervisors and vehicle drivers, and I authorize each of them as well as the below-identified Emergency Contact to consent to medical, surgical or dental examination and/or treatment.

Name of Parent/Legal Guardian (please print) _____

Signature _____ Date _____

Player's Name _____ Home Phone _____

Address _____ Work/Cell Phone _____

Emergency Contact _____ Phone _____



I warrant and acknowledge that I am the parent or legal guardian of the player named on the first page of this Application and waiver, a minor ("Player"), and on behalf of myself, Player and our heirs, assigns and next of kin, I hereby enter into the following agreements

IN CONSIDERATION OF Player's being able to participate in any way at practices, games or other activities ("EVENTS") sanctioned by the American Youth Soccer Organization ("AYSO").

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I acknowledge that participation in soccer necessarily involves travel, play in adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. I WILLINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS. I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation and, if Player or I observe any concern in Player's readiness for participation in the EVENTS, I will remove him/her from participation and bring such concern to the attention of the nearest official immediately and also of the regional commissioner as soon as possible thereafter.

I HEREBY RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS, to the fullest extent permitted by law, AYSO, its players, employees, volunteers, officials, sponsors and other representatives and any and all owners, lessors, lessees or other persons or entities allowing, permitting or authorizing the use of facilities by AYSO and the agents, employees, officers and directors of said persons or entities ("RELEASEES") from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to an injury or other damage that may result to said participant or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any of the EVENTS, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I further acknowledge that AYSO is primarily administered by volunteers rather than paid professionals. I further acknowledge and accept that this Disclaimer, Assumption of Risk and Waiver is intended to be as broad and inclusive as permitted by the laws of the state in which we live and agree that if any portion of this Disclaimer, Assumption of Risk and Waiver is deemed to be invalid, the remainder will continue in full legal force and effect.

(Please signify your agreement with the foregoing by signing in the space indicated on the reverse side of this form.)