

TVSA HAWKS SOCCER ACADEMY
TRY-OUT REGISTRATION FORM

Date: _____

Player's Name: _____ Age: _____ DOB: _____

Parents Name: _____ Home Phone: _____

E-mail: _____ Cell Phone: _____

The TVSA Hawks Soccer Academy is affiliated with Cal South (California Youth Soccer Association – South), the premier state youth soccer association in the United States.

IMPORTANT:

The authorization below must be read and agreed to before you child can try out for any of our teams. Please ask any of the club representatives to explain any information you don't understand. By signing this consent you agree that you have read and understand the information detailed herein.

I / we the parent/guardian of the above named player, a minor, and the above named player agree to the following:

- (1) To abide by the rules of Cal South, the TVSA Hawks, its affiliated organizations, and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for Cal South accepting the registrant for its soccer programs and activities (the "programs"), I hereby release, discharge and/or otherwise indemnify Cal South, the TVSA Hawks, 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. (2) To hereby give my consent for the 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

_____ Date _____