



Swansea-Somerset Youth Soccer League, Inc.

Affiliated with the United States-Soccer Federation (USSF) and Federation Internationale de Football Association (FIFA)

2017-18 Travel Team Player Tryout Form

Visit Our Website For League Info: www.ssysl.net

DATE: __ / __ / __

PLAYER INFORMATION:

Age Group: _____

Tryout #1: _____

Tryout #2: _____

(Please Print & Only One Child per Form)

PLAYER'S NAME: _____ M / F _____ DoB: _____

STREET: _____ TOWN: _____ ZIP: _____

HM TEL#: _____ E-mail: _____

Mom's Mobile: _____ Dad's Mobile: _____ Player's Mobile: _____

MEDICAL PROBLEMS: _____

In case of Emergency - Contact: _____ Cell: _____

REQUIRED EQUIPMENT:

The player must wear their shin guards, sneakers or molded soccer or all-purpose shoes with small, rounded cleats.

NOT ALLOWED: steel cleats, baseball shoes, jewelry or plastic elbow/knee pads.

The player should wear their Fall Soccer Team Shirt to the Tryout so that the coaches can easily identify the players.

Shirt Color _____ Number _____

I, the parent/guardian of the registrant, a minor, hereby:

1. agree that the registrant and I will abide by the rules of USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the Programs), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the 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. give permission to SSYSL or any of its affiliates to photograph myself, my children and other immediate family members and use such photographs in all forms of media, for any and all promotional purposes including advertising, publicity, display, exhibition, commercial or editorial use. I understand that the term "photograph" as used herein encompasses both still photographs, audio recording and video footage. I hereby release SSYSL and any of its associated, affiliates, appointed advertising agencies and designated directors, officers, agents, employees and customers from any claims.

Print Name: _____ Signature: _____ Date: _____

Consent for Medical Treatment (Minor)

AS a 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 life, limb or well being of my dependent.

Print Name: _____ Signature: _____ Date: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Mobile: _____