Swansea-Somerset Youth Soccer League, Inc.

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

2020 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 there shin guards, sneakers or molded soccer or all-purpose shoes with small, rounded cleats.
NOT ALLOWED: steel cleats, baseball shoes, and jewelry or **plastic** elbow/knee pads.

The player should wear there 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 he 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 registrants 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 it's 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 it's 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: _____