



**Seashore Soccer League
Challenge/Classic Try-out Form
FALL 2010**



Player's Name _____ Date of Birth _____

Gender _____ Medical Conditions _____

Player's Address _____

Home Phone _____ Email _____

Is Player trying out for: Challenge only Classic only Both

Parent Information

Mother/Guardian _____ Father/Guardian _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Waiver/Release of Liability

I intend to allow my child to participate in Seashore Soccer League. I recognize that soccer is a collision sport and that the risk of physical injury is inherent to the sport. I certify that my child is medically sound and physically fit to play soccer.

I am aware of and voluntarily assume all risks – regardless of their causes – to my child, including accidental injury or injury caused by the negligence of others, arising from his/her participation in Seashore Soccer League and/or its activities, including participation in the sport of soccer. Such risks specifically include but are not limited to – and I certify that I will make my child aware of – the danger of significant personal injury (including death) associated with soccer goals which may tip over or collapse when used as a device on which to climb, hang or otherwise play or when improperly moved or secured.

I understand that it is not the responsibility of Seashore Soccer League or its representatives to serve as a guardian of my child's safety. I am responsible for my child's protective equipment and the use by my child of protective equipment, including shin guards and mouthpieces and for the condition of his/her cleats if he/she chooses to wear them. Furthermore, I understand that weather conditions and conditions of the playing field can vary and can increase the risk of personal injury. I will note the weather conditions and the condition of the field and I voluntarily assume all risks to my child arising from such conditions.

In consideration of Seashore Soccer League sponsoring its program, I will not hold Seashore Soccer League or any of its officers, employees or agents liable in damages for injuries my child might sustain while participating with Seashore Soccer League and any activities sponsored by it. I hereby release and forever hold harmless Seashore Soccer League and all of its officers, employees or agents from any liabilities, claims, damages, or losses arising from or in any way relating to my child's participation in the soccer club.

My signature below indicates that I fully understand the Release and Assumption of Risk, which I am voluntarily signing, will bind me, my heirs and my personal representatives.

Parents Signature _____ Date _____

CHALLENGE/CLASSIC TRYOUT LIABILITY RELEASE
(for players not covered by NCYSA this year)

I, _____, as legal parent or guardian, hereby give permission for _____ to participate in a Seashore Soccer League (SSL) tryouts for eligibility on a Challenge/Classic soccer team until player is officially covered by NCYSA. I hereby release and forever discharge SSL, the Challenge/Classic league, its coaches, agents and the owners of any field used during this tryout from all liability for any personal injury, illness, damage, or loss incurred while participating in the tryout process.

In the event, I cannot be reach in a n emergency, I hereby grant permission to the Challenge/Classis Executive Board members or designated representative, to secure treatment as deemed necessary for the above named person for medical and/or dental purposes.

Signed: _____ Relationship: _____ Date: _____