

**TPSC TRYOUTS
PLAYER INFORMATION AND MEDICAL RELEASE**

Player Name	Birth Date	Age on Aug 1, 2009

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-named player, I hereby consent for Emergency medical care as 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 or Guardian

X _____

Address _____

City _____ State _____ Zip _____

Phone: Home _____ Mobile _____

E-mail _____

IMPORTANT

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, US Club, TPSC, their affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA, US Club, and TPSC accepting the registrant for their soccer programs and activities (the Program), I hereby release, discharge and/or otherwise indemnify the USYSA, US Club, the TPSC, the Coaches/Evaluators, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any and all claim (s) by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

Name of Parent/Guardian (please print): _____

Signature _____ Date: _____

Tryout number _____ Pinnie color _____ (to be assigned by TPSC)