

# GROVE UNITED SOCCER ASSOCIATION TRYOUT REGISTRATION FORM

(Please Print)

## TEAM INFORMATION

Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Tryout: (see chart below) <input type="checkbox"/> U8 <input type="checkbox"/> U9 <input type="checkbox"/> U10 <input type="checkbox"/> U11 <input type="checkbox"/> U12 <input type="checkbox"/> U13 <input type="checkbox"/> U14 <input type="checkbox"/> U15 <input type="checkbox"/> U16 <input type="checkbox"/> U17 <input type="checkbox"/> U18 <input type="checkbox"/> U19
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## PLAYER INFORMATION

Player's last name:	Family's Home Phone	Player First Name:	Player Birth Date: / /	Player Age:	Player Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Player Home Street Address:			Player Home City:	Player Home ZIP Code:	

## PARENT INFORMATION

Mother's Last Name (if different):	Mother's First Name:	Mother's email:	Mother's Cell Phone:
Father's Last Name (if different):	Father's First Name:	Father's email:	Father's Cell Phone:

## SOCCER EXPERIENCE

Number of years playing soccer:	Current Club:	Current team and coach:
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## SIGN THE WAIVER

MUST BE SIGNED OR PLAYER CANNOT TRYOUT

### ACKNOWLEDGEMENT/ASSUMPTION OF RISK

I have fully informed myself of all the details of the GUSA travel soccer program and have received satisfactory answers to all questions I have concerning the travel program and the risks inherent in the travel soccer program. I recognize and acknowledge that the risks may involve risks of bodily injury and death. I agree to assume the full risk of any injuries, including death, and all costs, damages, and losses that I may sustain as a result of participating in any and all activities connected with or associated with such program.

### WAIVER AND RELEASE OF ALL CLAIMS

I hereby agree to, and do waive, release and relinquish all claims of every kind, known and unknown, present and future, that I may have against GUSA, and their officers, agents, servants, employees, coaches, and trainers, arising out of, connected with, or in any way related to, the travel soccer program or my participation therein.

### INDEMNITY AND DEFENSE

I hereby agree to indemnify and hold harmless and defend GUSA and their officers, agents, servants, employees, coaches, and trainers from any and all claims of every kind, known and unknown, present and future, that I may have arising out of, connected with, or in any way related to the travel soccer program or my participation or my child/ward's participation therein.

I hereby acknowledge that I have read and fully understand the above and agree to my child/ward participating in the GUSA Travel Soccer Program.

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Signature of Participant or Parent/Guardian (if participant is under 18)    Print Player/Parent/Guardian Name    Date Signed

## AGE GROUP CHART

Born	2010/11		Born	2010/11
8/1/91 & Later	<b>U19</b>		8/1/97 & Later	<b>U13</b>
8/1/92 & Later	<b>U18</b>		8/1/98 & Later	<b>U12</b>
8/1/93 & Later	<b>U17</b>		8/1/99 & Later	<b>U11</b>
8/1/94 & Later	<b>U16</b>		8/1/00 & Later	<b>U10</b>
8/1/95 & Later	<b>U15</b>		8/1/01 & Later	<b>U9</b>
8/1/96 & Later	<b>U14</b>		8/1/02 & Later	<b>U8</b>