



TRYOUT REGISTRATION FORM



Trying out for (mark only one): No preference Butte United Chico Cal

Placements will be conducted by age group and not as separate Division 1 and Division 3 groups. This will allow the technical staff (coaches and evaluators) to have all of the age appropriate players in one place at the same time, which will further assist the technical staff to determine at what level and on what teams to place each player. Offers will be made to players for positions on teams as decided upon the technical staff. A player may accept or decline the opportunity to play for a team that has selected them.

What was the last team played on:

PLAYER'S MEDICAL INFORMATION

Player's Name		Birth Date	
Street Address		City	State CA Zip
Email Address		Phone ()	
Parent's Name	Phone ()	Email	
Parent's Name	Phone ()	Email	
In an emergency when parent/guardian cannot be reached, please contact the following:			
Name	Relationship to player	Phone ()	
Name	Relationship to player	Phone ()	
Allergies			
Other Medical Conditions			
Physician	Phone ()		
Medical/Hospital Insurance Company	Phone ()		
Policy Holder's Name	Policy Number		

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. *I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the Club, CYSA, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.*

Signature _____ Date _____

Relationship to Player:

Are you interested in: Coaching Team Management Fundraising

For Club Use only: Tryout # _____