



Tryout#: \_\_\_\_\_

## Hammerheads Youth Academy Information & Combine Registration Form

Players must provide birth certificate

<b>PLAYER INFORMATION</b>	Age Group: (please circle)	U13	U15	U17
Player's Name: _____		Date of Birth: ____/____/____		
Age: _____		Gender _____ Medical Conditions _____		
Player's Address: _____				
Home Phone: (____) _____				
Current Club & Team				
Name: _____		Email _____		
Kit sizes: (S, M, L, XL) Jersey: _____		Shorts: _____		Polo Travel Shirt: _____

<b>PARENT/GUARDIAN INFORMATION</b>			
Mother/Guardian: _____		Father/Guardian: _____	
Street Address _____		Street Address: _____	
City: _____		Zip: _____	
City: _____		Zip: _____	
Work Phone: _____		Mobile: _____	
Work Phone: _____		Mobile: _____	
Employer: _____		Employer: _____	
Home Phone: _____		Home Phone: _____	
Email _____		Email _____	



Tryout#: \_\_\_\_\_

**WAIVER/RELEASE OF LIABILITY**

I intend to allow my child to participate in the Hammerheads Youth Academy. 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 the Hammerheads Youth Academy 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 the Hammerheads Youth Academy or its representatives to serve as guardians 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 those 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 the Hammerheads Youth Academy sponsoring its program, I will not hold the Hammerheads Youth Academy or any of its officers, employees or agents liable in damages for any injuries my child might sustain while participating with the Hammerheads Youth Academy and any activities of leagues sponsored by it. I hereby release and forever hold harmless the Hammerheads Youth Academy 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 academy. 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.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_