

Information & Combine Registration Form

Tryout#: _____

Players must bring a birth certificate to Tryouts

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

PARENT/GUARDIAN INFORMATION

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: _____

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: _____