Half Moon Bay Sports Club

2010 Soccer Tryouts

Player Name: _____

Player Date of Birth:_____Current Age:_____

Grade:_____School:_____

Parent's names:_____

Email:_____

*Mailing address:_____

*Telephone:_____

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PERMISSION TO PARTICIPATE

I, the undersigned guardian of the above-named player, a minor, agree that I and the player will abide by the rules and regulations of the U.S. Youth Soccer Association, its affiliated organizations, and California Youth Soccer Association (CYSA). I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYS and CYSA parties, the owners and operators of the facilities used for the programs and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the players participation in the programs.

Parents Name: _____

Parent signature:_____

Date:_____

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HMB Sports Club would like to request that at least one parent remain at the field during your child's tryout. If this is impossible, please insure that you or someone else is reachable by phone in case of emergency.

Emergency Contact Name:_____Phone #:_____