



Academy Try-Out Registration 2011 / 12



▼ PLAYER'S INFO ▲

Full Name: _____
 Street Address: _____
 City, State Zip _____
 Email Address: _____
 Telephone: _____
 High School: _____
 H/S Coach Name: _____
 Club Name: _____
 Club Coach Name: _____

photo box
for office
use only

Bib #	
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D.O.B. _____

▼ PARENT INFO ▲

Full Name: _____
 Street Address: _____
 City, State Zip _____
 Email Address: _____
 Telephone: _____
 Occupation: _____

Relationship to Player: _____

Legal Guardian:

YES NO

Lives with player:

YES NO

▼ PARENT INFO ▲

Full Name: _____
 Street Address: _____
 City, State Zip _____
 Email Address: _____
 Telephone: _____
 Occupation: _____

Relationship to Player: _____

Legal Guardian:

YES NO

Lives with player:

YES NO

▼ MEDICAL TREATMENT AUTHORIZATION ▲

LIST MEDICAL CONDITIONS: _____

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 CALIFORNIA ODYSSEY SOCCER CLUB & U.S. SOCCER, their sponsors, 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 their programs and/or being transported to or from the same, which transportation I hereby authorize.

Player's Signature **Date** **Parent/Guardian Signature** **Date**