



# Odyssey Try-Out Registration 2012 / 13



Gender/Age Group: \_\_\_\_\_ D.O.B. \_\_\_\_\_

▼ PLAYER'S INFO ▲

Full Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State Zip \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Grade : \_\_\_\_\_  
 Previous Club Name: \_\_\_\_\_  
 Club Coach Name: \_\_\_\_\_



Bib #:

▼ PARENT INFO ▲

Full Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State Zip \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Telephone: Cell \_\_\_\_\_ Hm. \_\_\_\_\_  
 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: Cell \_\_\_\_\_ Hm. \_\_\_\_\_  
 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