



Date: _____

Age Group: B G U-_____

Tryout #: _____

Kodiak Soccer League Tryout Waiver Form

New Player

Returning Player

PLEASE PRINT

Player Name _____ M / F

First

Last

Nickname

Birth Date ____/____/____ Current Age ____ Current Grade in School _____

Home Phone: _____ Emergency Phone: _____

Email address: _____

Address: _____

Father's Name _____ Cell _____

Mother's Name _____ Cell _____

Previous and/or Current Club/Rec _____

Favorite Position(s) _____

How did you hear about Kodiak? _____

IMPORTANT: I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of CYSA-South, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the CYSA-South accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the CYSA-South, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. I hereby authorize the Kodiak Soccer League to allow the use of the provided email for soccer purposes.

Name (Please Print): _____

Signature: _____

CONSENT FOR MEDICAL TREATMENT (MINOR) – As a parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly-license doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Signature of Parent/Guardian

Coach's Notes:
