



Juventus Stars Tryout Form

2009/2010 Season



Age Group:

Name:

DOB:

Address:

City:

Zip:

E-Mail:

Parents Name's:

Phone Number:

Emergency Contact:

Phone Number:

Previous Team(s):

Waiver and Release of All Claims

Please read this form and carefully be aware in registering your minor child/ward for participation in club event(s) such as, but not limited to, clinics, tryouts, practices, games, and tournaments, you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain from arising out of the event(s). I recognize and acknowledge that there are certain risks of physical injury to participation in event(s) and I agree to assume the full responsibility for any injuries, including death, damage or loss, regardless of severity, which I or my child/ward may sustain as a result of participating in any and all activities connected with or associated with such event(s). I do hereby agree to indemnify and hold harmless the Juventus Soccer Club and its officers, directors, agents, volunteers, and employees from any and all claims resulting from injuries, including death, damages and losses, sustained by me or my child/ward, arising out of, connected with, or in any way associated with the activities of the event(s). I understand and acknowledge that there is no assurance that my child/ward or dependent will be selected as a member of the Juventus Soccer Club.

I have read and fully understand the above statement

Parent/Guardian Signature: _____ Date: