

AMERICA'S SOCCER CLUB OF NAPERVILLE

TRYOUT REGISTRATION & WAIVER

Tryout Age : U _____ M ___ F ___ Tryout # _____

Player's Name _____

Birth Date _____/_____/_____ SSN _____-_____-_____

Parent's Names _____

Address _____ City _____ Zip _____

Phone (_____) _____ - _____ Work (_____) _____ - _____

Years Traveling _____ Previous Team _____

We the parents or legal guardian(s) of the above named child, who is trying out, and is a candidate for the soccer program governed by Americas Soccer Club, hereby give our approval for our child to participate in the tryouts and all activities of said program during the current and upcoming seasons. We agree to release and discharge America's Soccer Club, its agents, directors, coaches, and trainers. It is thereby understood that as parents, it is our obligation to provide appropriate medical insurance for our child, and that said child has no limitations or illnesses which would restrict full participation in this activity. Also by signing this form you are authorizing America's Soccer Club of Naperville to use your son/daughter's picture for marketing purposes as an individual or part of a team.

PARENT OR GUARDIAN SIGNATURE

_____/_____/_____
DATE

*Professional, Consistent,
top of the line
coaching & training*



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