



# CLUB SOCCER TRYOUT REGISTRATION 2025-2026

Name: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Player Phone: \_\_\_\_\_ Player Email: \_\_\_\_\_

Shirt size: YXS YS YM YL AS AM AL AXL A2XL

Parent/Guardian Name (required): \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Previous club experience? YES NO Club: \_\_\_\_\_

WAIVER AND RELEASE: I, individually, (and/or parent, and/or guardian of the named minor) for and in consideration of acceptance of this entry in the aforementioned event, do hereby release, remise, waive and forever discharge the Rhea County Community Center and any and all other supporting groups of this said sporting event, together with all their officers, agents, officials and employees from any and all liability, claims, demands, actions or cause of action whatsoever arising out of, or related to any injury, illness, loss or damage including death, relating to participation in aforesaid event. I further state I am in proper physical condition to participate in this event.

Parent/Guardian Signature: \_\_\_\_\_

Player signature if over 18: \_\_\_\_\_

Date: \_\_\_\_\_

For staff: Added to tryout roster? \_\_\_\_\_