



Fort Wayne Sport Club
Youth Travel Soccer
travel@fortwaynesportclub.com

3102 Ardmore Ave
Ft. Wayne, IN 46802
260-432-6011

2010/2011 Tryout Liability Waiver

PLAYER INFORMATION		COACH _____	AGE BRACKET _____
<u>FIRST NAME</u>	<u>M.I.</u>	<u>LAST NAME</u>	<u>PLAYER EMAIL ADDRESS</u>
<u>STREET ADDRESS</u>			
<u>CITY</u>	<u>ST</u>	<u>ZIP CODE</u>	<u>HOME PHONE NUMBER</u>
<u>PLAYER BIRTH DATE</u>	<u>SEX</u>	<u>SCHOOL ATTENDING</u>	
PARENT INFORMATION			
<u>FATHER FIRST NAME</u>	<u>FATHER LAST NAME</u>		<u>PARENT EMAIL ADDRESS</u>
<u>MOTHER FIRST NAME</u>	<u>MOTHER LAST NAME</u>		<u>PARENT EMAIL ADDRESS</u>
EMERGENCY INFORMATION:			
<u>ALLERGIES, KNOWN CONDITIONS, MEDICAL PROBLEMS</u>			
<u>Parent and Player Liability, Consent and Release:</u>			
<p>I hereby give my consent for my child to participate in the Fort Wayne Sport Club (FWSC) Soccer tryouts. All personnel including the FWSC Youth Soccer Board, coaches, managers, referees, volunteers, other club associations and leagues associated with these programs shall not be held liable for any injury whatsoever my child may sustain in any soccer related activities. I agree to abide by the FWSC policies, procedures and Code of Conduct. I hereby give my consent, in the case of injury, to have an athletic trainer, medical doctor, nurse, hospital or clinic to provide the player with assistance or treatment.</p>			
**Signing of this waiver does not constitute a commitment to any FWSC soccer team.			
Date _____			
Parent Signature (necessary if under age 18)			
Date _____			
Player Signature			