



RIVER CITY SOCCER CLUB

Tryout Registration Form

Age Group _____

Tryout Number _____

Player Name	Date of Birth	Age
Parent(s) Name		
E-Mail Address (very important)		
Address	City	Zip
Home Phone	Work	Cell(s)
Team Last Played For / Coach	Position(s)	Age Group U-
** Please mark your preference for coach above if there are multiple teams, or mark "either" **		

MEDICAL CONSENT AND RELEASE OF LIABILITY

I, the undersigned parent/guardian of _____, a minor, do hereby authorize the River City Soccer Club as Agents for the undersigned to consent to Medical, Surgical or Dental Examination or Treatments. In addition, I hereby release and discharge the Spokane Valley Junior Soccer Association and the River City Soccer Club, its officers, board, agents and employees for any injury, loss or liability, which results or is alleged to have resulted from participation in the River City Soccer Club tryouts. I have read the above and fully understand the Medical Consent and Release of Liability.

Parent Guardian Signature	Date
Emergency Contact	Phone
For Office Use Only	Number Assigned