



South Miami United F.C.

P.O. BOX 430164
Miami, Florida 33243-0164

2017/2018 Travel Soccer TRYOUT REGISTRATION / WAIVER

Player's Tryout Number: _____

Player's Full Name: _____

Parent/Guardian Name: _____

Home Phone Number: _____ Cell Number: _____

E-mail Address: _____

Player's Date of Birth: ____/____/____ Player's Gender : M / F

Player's Age Group for 2016/2017 Travel Season: _____

Competitive Playing Experience :

| Prior Club | Age Group | Position |
|------------|-----------|----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Recreational Playing Experience:

| Prior Club | Age Group | Position |
|------------|-----------|----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

See reverse for Liability Waiver →

WAIVER

BY COMPETING AND SIGNING THIS FORM, THE APPLICANT AND ALL INCLUDED FAMILY MEMBERS AGREE TO ABIDE BY ALL SOUTH MIAMI UNITED F.C., INC., FLORIDA YOUTH SOCCER ASSOCIATION AND U.S. CLUB SOCCER RULES AND REGULATIONS, AND FURTHER AGREE TO INDEMNIFY AND HOLD SOUTH MIAMI UNITED F.C., INC. AND THE CITY OF SOUTH MIAMI HARMLESS WITH REGARDS TO ANY INJURIES RECEIVED AS A RESULT OF THE USE OF THE CITY OF SOUTH MIAMI FACILITIES AND/OR EQUIPMENT.

I, _____, as Parent or legal Guardian of _____
(Print PARENT'S Name) (Print PLAYER'S Name)

do hereby:

- Assume all risk of possible damage or injury through the use of the City of South Miami recreational facilities.
- Agree to indemnify and hold harmless South Miami United F.C., Inc., and the City of South Miami for any liability or risk associated with the use of the facilities and equipment during my child's participation in the Competitive Travel Tryouts.
- Agree to indemnify and hold harmless any and all South Miami United F.C.; coaches, trainers, and volunteers from any liability arising out of my child's participation in the 2017/2018 Competitive Travel Soccer Tryouts.
- Understand and agree to abide by all applicable rules and regulations.
- Certify that the participant named herein is in normal health and has no injury, or other condition which would affect their ability to participate, or that I have advised South Miami United F.C. in writing of that condition. I understand that my insurance bears primary responsibility for any illness or injury that occurs as a result of participation in this activity. I further give my permission for emergency medical treatment to be administered when necessary. I agree that I am financially responsible for any such treatment.
- I give permission to South Miami United F.C., Inc. to use the player's picture or likeness in promotion of South Miami United F.C., Inc. in printed or electronic media. I renounce any claims upon South Miami United F.C., Inc. for reimbursement for use of this material. I have read and accept South Miami United F.C., Inc.'s Policy Statements:

Date: _____

Signature of Player's Parent or Legal Guardian