

PLAYER REGISTRATION/RELEASE



Name-----Birthday-----

Address-----

Town-----State-----Zip-----

Home Tel-----Emerg. Tel-----

E-mail-----

TRYOUTS FOR FALL 2011 – SPRING 2012

(Please check the appropriate age group/team for your child’s tryout)

- Boys HS (Players born after July 31, 1993)** _____
- Boys U14 (Players born after July 31, 1997)** _____
- Boys U12 (Players born after July 31, 1999)** _____
- Boys U11 (Players born after July 31, 2000)** _____
- Boys U10 (Players born after July 31, 2001)** _____
- Boys U9 (Players born after July 31, 2002)** _____
- Boys U8 (Players born after July 31, 2003)** _____
- Girls U11 (Players born after July 31, 2000)** _____
- Girls U10 (Players born after July 31, 2001)** _____
- Girls U9 (Players born after July 31, 2002)** _____
- Girls U8 (Players born after July 31, 2003)** _____

FEES: \$ 35.00 EACH NEW PLAYER (that is not currently registered with FC Transylvania Inc) which covers both TRYOUT days

Waiver of Liability/ Emergency Authorization

To enable F.C. TRANSYLVANIA INC. to accept registration and permit participation in tryouts held by F.C. TRANSYLVANIA INC. by the above named player, I, _____ the player’s parent /guardian, hereby give my consent to his /her participation in the F.C. TRANSYLVANIA INC. tryouts and agree to release, indemnify, and hold harmless F.C. TRANSYLVANIA INC. and its officers, directors, instructors/coaches, and representatives and its officers, directors, instructors/coaches, and representatives and Rippowam Cisca and its officers, directors, instructors/coaches and representatives from any claim for injury arising out of the F.C. TRANSYLVANIA INC. tryouts on the dates specified in the attached flyer (“TRYOUTS - 2011 - FC TRANSYLVANIA”) for the age group circled above.

In case of emergency, I hereby authorize treatment and care of the player deemed necessary by any hospital, doctor, or emergency or ambulance association medical personnel.

Parent /guardian Signature

Date