



PLEASE PRINT THIS COPY, FILL OUT AND BRING TO TRY-OUTS

HYSL Tryout Form

Player's Gender: M _____ F _____ Player's Age Group: U _____
 Player's Birthdate: _____ / _____ / _____
 Last Name: _____ First Name: _____ MI _____
 Address: _____ City: _____
 Zip Code _____ Phone #: _____
 Work #: _____ Cell #: _____
 E-mail _____ E-mail _____
 Last League / Team / Division _____

PLAYER TRYOUT SIGNATURES

1ST: _____, U _____, 2ND: _____, U _____,
 3RD: _____, U _____

GUARDIAN CONSENT TO PARTICIPATE

I, the parent/guardian of the above-named player, a minor, agree that the player and I will abide by the rules and regulations of the U.S. Youth Soccer, its affiliated organizations and its sponsors ("U.S. Youth Soccer Parties"). I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the U.S. Youth Soccer Parties, the owners and operators of the facilities used for the Programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any Program, which transportation is hereby authorized.

Parent / Guardian _____ Date _____

CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Parent / Guardian _____ Date _____

INSTRUCTIONS

- MUST BRING CLEATS & SHIN GUARDS / PLEASE BRING WHITE AND DARK T-SHIRT.
- PLAYERS ARE NOT ALLOWED TO USE UNIFORMS, T-SHIRTS, SOCKS OR ANY OTHER INSIGNIA OF HYSL OR ANY OTHER SOCCER CLUB.
- PRIOR TO PARTICIPATION IN TRY-OUTS, PLAYER MUST BRING A SIGNED TRY-OUT REGISTRATION FORM, INCLUDING CONSENT FOR MEDICAL TREATMENT AND A WAIVER OF LIABILITY, DOWNLOADED FROM OUR WEBSITE **WWW.HYSL.ORG**
- PLAYER'S SHOULD BRING THEIR OWN WATER AND ATTEND ALL TRY-OUTS IF POSSIBLE.
- PARENTS WILL NOT BE ALLOWED ON THE FIELD OF PLAY

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