

IRVINE PREMIER SOCCER CLUB

TRYOUT REGISTRATION FORM

Parent Information:

First Name: _____

Last Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Phone: _____

Player Information:

First Name: _____

Last Name: _____

Boy/Girl: _____

DOB (MM/DD/YYYY): _____

School: _____

Experience: _____

Please list any Physical Limitations (allergies, hearing, sight etc):

Shirt Size: YS YM YL AS AM AL AXL

Parent/Guardian Waiver & Consent

As the parent or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate as a player/team member in the Irvine Premier Soccer Camp/Clinic. I understand that there are certain risks of injury inherent in the practice and play of youth soccer, as well as other related activities incidental to my child's participation and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in youth soccer and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these youth soccer activities except as listed above. In addition to my full consent for my child's participation, I do hereby waive, release and hold harmless Irvine Premier Soccer Club, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in youth soccer and the activities incidental thereto, whether the result of negligence or any other cause.

Parent's/Guardian's Signature: _____ Date: _____

www.IrvinePremierSC.com

★ Character ★ Teamwork ★ Passion

We are a non-profit organization proudly serving the City of Irvine since 2000.