



2019-20 GIRLS TRYOUT REGISTRATION FORM AND WAIVER

2002
 2003
 2004
 2005
 2006
 2007
 2008

Player Information

Player Name		Birth Date	/ /
Address		City	Zip Code

Parents Information

Mother's Name:	Mother Cell Phone #:	Email:
Father's Name:	Father Cell Phone #:	Email:

Preferred Position:	Last Season Club & Team:	
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TRY-OUT PARTICIPATION WAIVER

The Player and his/her parents acknowledge that soccer is a contact sport which involves the possible risk of injury. In exchange for the opportunity to participate on the Club's teams, the Player and his/her parents hereby release, and waive any liability against, **MIAMI TEMPO**, its coaches, trainers, directors, managers, agents or volunteers acting on behalf of the **MIAMI TEMPO** and its directors, shareholders, officers, agents, and employees, from any and all liability of whatever relating to or in any manner arising out of the Player's participation on **MIAMI TEMPO**; the Player's use of including but not limited to (1) the soccer arenas, grandstands, restrooms and concessions stands, (2) any part of the facility which the Player is not authorized to use, and (3) any part of the facility leased to third parties; the Player's use of any field or facility owned, leased, or used by either **MIAMI TEMPO**; or the Player's participation in any game, tournament, camp, clinic, practice while a member of **MIAMI TEMPO**. The Player and his/her parent or guardian hereby agree to indemnify and hold harmless **MIAMI TEMPO**, its coaches, trainers, directors, and managers, and its directors, shareholders, officers, agents and employees, from any suit or legal proceedings, including but not limited to attorney fees, with respect to the Player's participation on the Club's teams; the use of, any other field or facility used by the Player. This release shall be binding upon my personal representatives, heirs and assigns.

X _____ Date _____
 Parent/Guardian Signature

