



Legends Player Profile Sheet

2010/2011 Playing Year

Age Group:

Player Photo
Here

Name _____ DOB _____

Address _____

City _____ Zip _____

Email _____

Home Phone _____

Father's Name & Cell Number _____

Mother's Name & Cell Number _____

Emergency Contact & Number _____

Grade Fall 2010 _____ School Fall 2010 _____

Club Team 2009/2010 _____

Training Shirt Size _____ Hooded Sweatshirt Size _____

Waiver and release of all claims

Please read this form and carefully be aware in registering your minor child/ward for participation in club event(s) such as, but not limited to, clinics, tryouts, practices, games, and tournaments, you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain from arising out of the event(s).

I recognize and acknowledge that there are certain risks of physical injury to participation in event(s) and I agree to assume the full responsibility for any injuries, including death, damage or loss, regardless of severity, which I or my child/ward may sustain as a result of participating in any and all activities connected with or associated with such event(s).

I do hereby agree to indemnify and hold harmless the Plainfield Soccer Association and its officers, directors, agents, volunteers, and employees from any and all claims resulting from injuries, including death, damages and losses, sustained by me or my child/ward, arising out of, connected with, or in any way associated with the activities of the event(s).

I understand and acknowledge that there is no assurance that my child/ward or dependent will be selected as a member of the Plainfield Soccer Association.

I have read and fully understand the waiver and release of all claims.

Signature of Adult Parent or Guardian _____ Date _____

PSA Office Use Only

Deposit

Check _____ Credit Card _____ Cash _____

Attendance

Tryout #1 _____ Tryout #2 _____ Tryout # _____