



**TRYOUT  
NUMBER**

(club use only)

## **2009-2010 Tryouts: Player Info Sheet & Injury Waiver Form**

Name of Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School Grade for 2009/2010 \_\_\_\_\_

2008/2009 Team: \_\_\_\_\_

Primary Position: \_\_\_\_\_ Secondary Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to Player: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your son/daughter have any medical conditions that might occur or affect them during the training (physical or mental disabilities, allergies or asthma, taking medications, any other problems)?

\_\_\_\_\_  
\_\_\_\_\_

### **Injury Waiver**

I, the Parent/Guardian of the player named herein, acknowledge participation in the sport of soccer, as many sports, may result in injury. The undersigned parent/guardian therefore releases FC Las Vegas, its teams, officers, coaches and players from responsibility for any injury to my child during the player tryouts.

\_\_\_\_\_  
Name of Parent/Guardian (please print)

\_\_\_\_\_  
Signature of parent/legal guardian

\_\_\_\_\_  
Date

### **Consent for Medical Treatment (Minor)**

I, \_\_\_\_\_, hereby grant permission to FC Las Vegas Staff to render to my son/daughter any preventative measures, basic first-aid acute injury treatment or emergency treatment deemed reasonable and necessary for my daughter during the tryouts and training. I also grant permission for the staff to make appropriate medical referral to a physician of choice in the event of such injury or illness occurs during the tryout or training.

Also, when necessary for executing such a case, I grant permission for hospitalization at an accredited hospital, as deemed necessary by the attending physician.

\_\_\_\_\_  
Signature of parent/legal guardian

\_\_\_\_\_  
Date