Utah Soccer Alliance has designed our club competition soccer tryouts in a way that the players are provided with the opportunity to demonstrate their skills and attitude toward the game to our staff coaches and trainers. We kindly ask that parents and spectators please allow our coaches to focus on the players during the entire tryout session. Club staff and volunteers are available at every session to answer any questions you may have.

Please fill out this form completely, including a signature. Submit the completed form and your $20.00 tryout registration fee on the first day of tryouts at the registration table. Please come ready to play with a properly inflated ball, cleats, shin guards and water.

AGE Group: U_____ Gender: Boy_____ Girl_____

Players Name:	
Players Date of Birth (MM/DD/YY):	
Home Phone:	Cell Phone:
Email Address:	
Parents Name:	
Current team:	

RELEASE…….
I hereby give permission for the above-named registrant to participate in tryouts for Utah Soccer Alliance, an affiliate of the Utah Youth Soccer Association. As a parent/guardian of the minor participant, I agree that the participant will abide by the rules of USA and its affiliates. I do further release any and all USA and UYSA officers, employees and tryout property owners against any claim or action on the behalf of the name participant

CONSENT FOR MEDICAL TREATMENT……...
As parent or legal guardian of the above-named minor. I hereby give my 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 deemed necessary to preserve the life, limb, or well being of the registrant.

PARTICIPATION RISK STATEMENT…….
I, the undersigned, am a parent or legal guardian of the named minor. I fully understand that participating in the sport of soccer presents a risk for serious injury and/or death. In my capacity as parent or legal guardian, I understand the risks and my responsibility to notify the other parent or legal guardians as well as the minor, of the risks involved with sport participation. I have made a conscious decision to allow the named minor to play. I agree that my health and accident insurance will be the primary insurance to cover expenses for any such injury, including rehabilitation.

Participant's Primary Insurance:	
Parent/Guardian Signature:	Date: