



# GERMANTOWN LEGENDS SOCCER Competitive Tryout Form

<b>U</b> _____ <b>BOY</b> <b>GIRL</b> Tryout # _____ For Staff Use Only
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**PLAYER PROFILE****PLAYER INFO**

NAME: \_\_\_\_\_ GENDER: M   F

ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CITY, STATE & ZIP \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE ENTERING \_\_\_\_\_

EMAIL: \_\_\_\_\_

CELL: (\_\_\_\_) \_\_\_\_\_ HOME: (\_\_\_\_) \_\_\_\_\_

LOGIN \_\_\_\_\_ MOTHER'S BIRTH 'DATE' / (MM/DD) \_\_\_\_\_

**PARENT INFO**

MOTHER: \_\_\_\_\_ FATHER: \_\_\_\_\_

HOME (\_\_\_\_) \_\_\_\_\_ HOME (\_\_\_\_) \_\_\_\_\_

CELL (\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_

OTHER (\_\_\_\_) \_\_\_\_\_ EXT. \_\_\_\_\_ OTHER (\_\_\_\_) \_\_\_\_\_ EXT. \_\_\_\_\_

EMAIL: \_\_\_\_\_  EMAIL: \_\_\_\_\_

*\*Notification of team selections will be sent via email when available (Please note primary email address)*

**EMERGENCY CONTACT** *(NOT residing with player)*

NAME: \_\_\_\_\_

CELL: (\_\_\_\_) \_\_\_\_\_ HOME: (\_\_\_\_) \_\_\_\_\_

Years of Soccer Experience: \_\_\_\_\_ Last season played: \_\_\_\_\_

Last team you played on: \_\_\_\_\_

Age Division you are most interested in trying out for: \_\_\_\_\_ (YEAR) or (U10...)

What other sports do you participate in? \_\_\_\_\_

Will Soccer be your primary sport?    YES    NO

What restrictions do you have concerning making practices or games? \_\_\_\_\_

Are you aware commitment to a competitive team is for both the Fall and Spring seasons?    YES    NO  
(This does not affect your ability to participate in High School Soccer)

Allergies or illness: \_\_\_\_\_

\_\_\_\_\_

*This form is in no way a commitment to play on a Germantown Legends competitive soccer team. It is for informational purposes only. An official TSSA commitment form will be made available to any player offered a position on a competitive team.*

# GERMANTOWN LEGENDS SOCCER

## PARENT/ GUARDIAN RELEASE AND CONSENT FORM

I, \_\_\_\_\_, as a parent or legal guardian of the minor child \_\_\_\_\_ (herein "Minor Child") hereby consent to the Minor Child's participation in the programs and activities related to Youth Soccer sponsored by the Germantown Legends, including but not limited to any transportation related to or in connection with such programs and activities (herein the "Programs and Activities"). I hereby RELEASE and discharge Memphis HappyFeet and the Germantown Legends, including, but not limited to, its employees, elected officials, agents, representatives, volunteers, and other related persons (hereinafter individually and collectively referred to as "Legends"), and each of them individually and collectively, for any and all liability, claims, or expenses for any loss, injury, death, or damage to me, the Minor Child and/or to any of our property related to or arising out of, directly or indirectly, the Minor Child's participation in the Programs and Activities, including, without limitation, any liability, claim, or expense for personal injuries and/or property damage suffered by the Minor Child and/or me resulting from or arising out of any act or omission (whether arising from negligent, reckless, or intentional conduct) whatsoever of Legends.

I further agree to INDEMNIFY Legends and HOLD Legends HARMLESS from and against any and all liability, claims, or expenses (including without limitation reasonable attorneys fees) asserted by any other person and/or entity (whether arising from negligent, reckless, or intentional conduct of the Legends) for loss, injury, death, or damage to me, Minor Child or any of our property resulting from or arising out of, directly or indirectly, the Minor Child's participation in the Programs and Activities. I further agree to INDEMNIFY Legends and HOLD Legends HARMLESS from and against any and all liability, claims, or expenses (including without limitation reasonable attorneys fees) by any person or entity for loss, injury, death, or damage to any other person or entity and/or their property resulting from or arising out of any act or omission (whether arising from negligent, reckless, or intentional conduct) by me or Minor Child. I hereby authorize a physician, hospital, nurse or emergency medical technician to administer that medical care to the Minor Child which in their professional opinion is necessary and reasonable for the Minor Child. I further COVENANT NOT TO SUE Legends in any forum arising out of any losses, damages, sickness, injuries, death, or other loss, of whatever nature and howsoever incurred, that may arise out of or in any way be related to the Minor Child's participation in the Programs and Activities, including, but not limited to, claims resulting from: delay, the criminal acts of others; the use of any vehicle; strike; war; a threat or act of terrorism; weather; the provision of medical care; quarantine; any governmental restriction or regulation; or any act or omission by any other person.

I, on my own behalf and on behalf of the Minor Child, hereby state that I fully understand the risks involved in Minor Child's participation in the Programs and Activities and that I have taken and will take all necessary precautions to protect my Minor Child and others. I hereby represent that the Minor Child is physically fit and competent to fully participate in the Programs and Activities and agree to assume any and all risks and dangers related to or arising out of my Minor Child's participation in the Programs and Activities. On my own behalf and on behalf of the Minor Child, I agree that we will abide by all rules and regulations set forth by the Legends in regards to the Programs and Activities.

### PHOTO WAIVER:

The parent/ guardian signature on this form also permits HappyFeet Germantown Legends to use still photography and/or video originating from our programs for promotional purposes to include, but not limited to, print, website and various forms of visual print media like Facebook, Instagram, Shutterfly, Twitter, YouTube and other forms of social media.

**I have read, understand, and agree in all respects to this Parent/ Guardian Release and Consent Form.**

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_, 20\_\_\_\_

PRINT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT PHONENUMBER(S): \_\_\_\_\_

HOME (\_\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_\_) \_\_\_\_\_ OTHER (\_\_\_\_\_) \_\_\_\_\_

PRINTED NAME OF MINOR CHILD: \_\_\_\_\_ AGE: \_\_\_\_\_

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