



LUSITANA SPORTS F.C.

PLAYER TRYOUT REGISTRATION

(Please print all information except signatures)

PLAYER'S NAME _____ TRYOUT# _____

ADDRESS _____

City or Town

State

Zip

TELEPHONE _____ Email _____

DATE OF BIRTH _____ CURRENT TEAM AFFILIATION(S) _____

BEST POSITION _____ OTHER POSITIONS _____

UNDERSTANDING OF COMMITMENT: I understand the following: *Lusitana Sports F.C.* players and their families are asked to make a serious commitment in terms of time and energy. Players who sign with the club must attend all team events, including practices, games, and tournaments. Only serious injury or illness, academic or religious commitments, is legitimate excuses for missing a *Lusitana Sports F.C.* practice, game, or tournament. Involvement with other soccer teams or in other sports is not a legitimate reason to miss *Lusitana Sports F.C.* events of any sort.

INJURY WAIVER: I, my heirs, successors and/or assignees, hereby waive my right to compensation or reimbursement for medical expenses and other costs, including, but not limited to transportation and rehabilitation, incurred as a result of any injury sustained in attending tryouts organized by the *Lusitana Sports*, its employees, coaches, managers, or any other club official.

I understand and acknowledge that no officials, coaches, managers, and parents of the Lusitana Sports are liable for any injury sustained in connection with the aforementioned activities. I assume full responsibility for my participation and my son's/daughter's in any related programs (activities) for the tryout periods starting June, 2014.

Furthermore, I have examined the playing field and related facilities and I hold harmless the *Lusitana Sports*, its directors and officers, and owner of the said field and facilities

(Date)

(Signature of parent - must be over 18 years of age to sign)