

**F****H**

# Fuller Hamlets Soccer Club

P.O. BOX 243 SUTTON, MA 01590

## PREMIER TEAM TRY-OUT REGISTRATION FORM

NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

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

PRESENT CLUB AFFILIATION: \_\_\_\_\_

1. I understand that completion of this form registers my child only for try-outs for club-sponsored teams in this age/gender group. Registration for try-outs does not automatically assure selection to a club-sponsored team.
2. I hereby release, discharge and/or otherwise indemnify the Fuller Hamlets, the Sutton Soccer Club, Inc, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities used for these try-outs, from or against any claim by or on behalf of the registrant as a result of the registrant's participation in the try-out program.
3. As the parent or legal guardian of the above-named participant, 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 necessary to preserve life, limb or well being of my dependent.
4. I provide medical coverage for the participant with:

Insurance Carrier Name (or through MYSA): \_\_\_\_\_

PARENT/GUARDIAN (PRINT): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CLUB USE ONLY:**

**1<sup>st</sup> TRY-OUT**

**2<sup>nd</sup> TRY-OUT**

ASSIGNED NUMBER \_\_\_\_\_

GENDER/AGE GROUP \_\_\_\_\_