

SOLON SOCCER CLUB TRYOUT & RELEASE FORM

PARTICIPANT INFORMATION:

Players Name: _____

Address: _____

Phone number (primary): _____

Date of Birth: _____ Current Grade: _____

Mother's month and day of birth (used as league password for player): ___ ___ / ___ ___

E-mail address (primary): _____

PARENT OR LEGAL GUARDIAN INFORMATION:

Father (or legal guardian): _____

Address (if different): _____

Home phone (if different): _____ Cell phone: _____

E-mail address: _____

Mother (or legal guardian): _____

Address (if different): _____

Home phone (if different): _____ Cell phone: _____

E-mail address: _____

EMERGENCY CONTACT (when parent is not available):

Name: _____ Relationship: _____

Phone numbers (primary & alternate): _____

RELEASE:

In consideration of permission granted to me for my child's participation in the Solon Soccer Club programs and other valuable consideration, I, the undersigned, on behalf of myself, my child and heirs, executors, administrators and assigns, do hereby release and discharge the Solon Soccer Club, its officials and agents, jointly and severally, from any and all claims, demands, actions, judgments and executions, which may arise out of my child's participation in the Solon Soccer Club programs. Further, in consideration of permission granted to my child for participation in the Solon Soccer Club program, I hereby agree, on behalf of myself, my child and heirs, executors, administrators and assigns, to indemnify any, all or any combination of the aforesaid, jointly and severally and to hold and save harmless from and against any and all actions, claims, demands, liabilities, loss, damage or expense of whatever kind and nature, including attorney's fees, which may at any time be incurred by reason of my participation and my child's participation in the Solon Soccer Club program.

Signature of parent or legal guardian

Date