

# Pennine Utd Soccer Club

## Tryout/Liability Waiver Form

(PLEASE PRINT CLEARLY)

**E-MAIL ADDRESS: (PRINT CLEARLY)**

**AGE GROUP:**                      2012 2011 2010 2009 2008 2007 2006 2005 2004 2003 2002 2001 2000  
    U-7    U-8    U-9    U-10   U-11   U-12   U-13   U-14   U-15   U-16   U-17   U-18   U-19

**PLAYERS LAST NAME:**

**PLAYERS FIRST NAME:**

**ADDRESS:**

**CITY:**

**STATE:**

**ZIP:**

**HOME PHONE:**

**BUSINESS:**

**CELL:**

**GENDER (circle):**

**M      F**

**DATE OF BIRTH:**

**PLAYER POSITION (Preference):**

**FATHERS NAME:**

**MOTHERS NAME:**

**INSURANCE CARRIER:**

**POLICY NUMBER:**

**PREVIOUS CLUB EXPERIENCE:**

**How did you hear about PENNINE UTD:**

Pennine is a full-year soccer club and you are expected to commit from August 2017 through to June 2018. Once you have accepted a roster spot, you are expected, along with your team mates to be fully committed to Pennine and agree to pay all fees associated with your team. We pay for your Indoor time and Spring activities months ahead of those seasons, so you are responsible for payments, irrespective of your participation or not next Spring.

\_\_\_\_\_  
Parents Signature:

Date:

I verify that my child has been checked by a physician and is physically able to participate in soccer activities. I verify that my child is covered by health and medical insurance. I understand that the sport of soccer has inherent risks of injury and I release Edge Sports Academy Inc., its employees, officers, and agents from any liability or damages that may occur from participating in Pennine Utd activities. For Additional information on Pennine Utd Soccer Club please contact Wayne Jentas at [wjentas@penninesoccerclub.com](mailto:wjentas@penninesoccerclub.com)

\_\_\_\_\_  
Parents Signature:

Date: