



FC England – Tryout Waiver

Player Name _____

Date of Birth _____

Address _____

City _____ ZIP _____

Parent Name _____

Email _____

Phone _____

Doctor _____ Phone _____

Insurance Carrier _____ Policy _____

Medical Conditions/Allergies _____

* By signing below, I consent to any necessary emergency treatment of the above-named player.

** In view of the fact that FC England is a not-for-profit organization and that participation in this practice is voluntary, and recognizing that playing soccer carries certain risks, I voluntarily assume the risk from participation of the player named above and hereby waive any claims against FC England, including claims against coaches, managers, club officials, board members, agents, sponsors or other representatives of FC England.

Parent/Guardian Signature

Date