MIRA MESA SOCCER – AYSO 285

MATRIX TRYOUTS PLAYER INFORMATION

P.O. Box 26507, San Diego, CA 92126

2013 MATRIX TEAM TRYOUT REGISTRATION FORM

TRY OUT #: _____

B/G: U-_____

LEAGUE USE ONLY

Players will be expected to attend all published tryout sessions. If you have a time conflict, come to the first day and discuss this with the Coaching Director. Players, please come in your soccer gear ready to play. **Shin guards are mandatory.** Bring your soccer ball and a water bottle. A parent or guardian must accompany all players and they must sign an AYSO insurance waiver. **Parents are welcome to stand in the designated spectator area, off the grass and away from the tryout area to facilitate evaluations without external coaching.** Please arrive 30 minutes prior to tryout session for registration.

Year of Birth: (circle one) **U15** (Born 08/01/98-07/31/99) **U16** (Born 08/01/97-07/31/98)

U17 (Born 08/01/96-07/31/97) **U18** (Born 08/01/95-07/31/96) **U19** (Born 08/01/94-07/31/95)

Player Name:_____ Experience (Season Count):_____

Date of Birth:_____/_____/_____ Phone (_____) _____

Address:_____ Cell (_____) _____

City:_____ Zip Code:_____ E-Mail _____

Parent/Legal Guardian Name: _____

Position/Experience (circle all that apply): Goalie Defender Midfield Forward

Returning Player? [ ] Yes [ ] No Team _____

Current Team/Region you are registered with: _____

Does your child have any disabilities, injuries, limitations, history of heart or respiratory conditions or other medical conditions?

If so, list here: _____

Matrix Teams travel and play in several weekend tournaments each year. Are there specific days of the week/months or seasons that you cannot play Matrix (competitive) soccer? _____

Other Seasonal Sports – Does your child play another seasonal sport? YES NO

If yes, what sport(s)? _____ (Baseball/Softball/Basketball/Indoor Soccer/Etc)

EMERGENCY AUTHORIZATION: I, the undersigned parent or legal guardian of the above player, a minor, hereby authorizes the coaches and/or other AYSO officials to act as my agents in the capacity of activity supervisors and vehicle drivers, and to consent to medical, surgical or dental examination and/or treatment.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I, the undersigned parent or legal guardian of the above player, a minor, acknowledges that participation in soccer involves risk of severe, permanent physical injury, and death. For myself, and on behalf of the above player, we willingly and voluntarily accept and assume all such risk. In consideration of permitting the voluntary participation of the above-named participant in this tryout program, for myself and on behalf of the above player, I hereby release, discharge and agree to hold harmless AYSO, its employees, volunteers, officials, sponsors, and other representatives from any and all claims, demands, costs, expenses, and compensation arising out of or in any way related to any injury or other damage that may result to said participant while participating in any AYSO sponsored event, including any physical or other injury caused by the negligence of any such person while performing his/her duties at any time. I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, DISCLAIMER, ASSUMPTION OF RISK, AND WAIVER AND FULLY UNDERSTAND THE TERMS OF EACH. I UNDERSTAND THAT I AND THE ABOVE PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT FOR MYSELF AND ON BEHALF OF THE ABOVE.

_____ _____ _____

PARENT/GUARDIAN (Printed) **PARENT/GUARDIAN (Signature)** **DATE**