



**WEST COAST FUTBOL CLUB  
2010-2011 TRYOUT WAIVER**

**Liability Release:** I, the parent or guardian of the below-named youth soccer player, give my consent for emergency medical care should the need arise. Recognizing the possibility of physical injury associated with soccer, I hereby release, discharge and/or otherwise indemnify Soccer for Hope, including their coaches, trainers and managers, against any claim by or on behalf of the player as a result of the player participation with this team.

Players Name (Please Print): \_\_\_\_\_

Players Birth Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Emergency Contact (Name): \_\_\_\_\_

Emergency Contact (Phone) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Experience (Club(s)-level/AYSO/other) \_\_\_\_\_

Position(s) played: \_\_\_\_\_