



Date _____

Team/Birth Year _____ Gender _____

Scotts Valley/San Lorenzo Valley Soccer Club - Tryout Information and Waiver Sheet

I give permission for my child to participate in tryouts for SV/SLV Soccer Club advanced teams. I understand that participation involves the potential for injury, which is inherent in all sports. I understand that warning and agree to hold harmless the SV/SLV Soccer Club, its Board and Coaches or any other representative of SV/SLV Soccer Club for all injuries or damages resulting directly or indirectly from tryouts.

1.Player	Parent	Birth Date
Address		
Home Phone	Cell Phone	Signature:
Email:		

2.Player	Parent	Birth Date
Address		
Home Phone	Cell Phone	Signature:
Email:		

3.Player	Parent	Birth Date
Address		
Home Phone	Cell Phone	Signature:
Email:		