



Cleveland United Soccer Club

Tryout Participant Agreement

11311 Villa Grande Drive
Cleveland, OH 44133-3260
Email: soccer@clevelandunited.org
Web: www.clevelandunited.org

PLAYER INFORMATION

Full Name: _____
Date of Birth: _____ Gender: Male Female
Street Address: _____ City, State, ZIP: _____
School Attending: _____ Player Email: _____
Home Phone: _____ Cell Phone: _____
Seasons Played: _____ Level(s) Played: Recreation Travel Club
Was player ever rostered with another club? Y N If, yes, whom: _____

PARENT/GUARDIAN

Parent/Guardian Name: _____
Home Phone: _____ Email: _____
Cell Phone: _____ Email: _____
Parent/Guardian Name: _____
Home Phone: _____ Email: _____
Cell Phone: _____ Email: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____ Relation to Player: _____
Phone Numbers: _____
Are there any medical problems that should be noted? _____

PARTICIPATION PERMISSION AND WAIVER/RELEASE

_____ (player name) has my/our permission to participate in all Cleveland United Soccer Club camp activities. I verify that he/she is covered by medical and hospitalization insurance. He/She has been examined by a qualified physician and is physically able to participate in soccer activities. I understand that playing soccer has the risk of injury. I release Cleveland United Soccer Club, its employees, officers, agents and hosting facilities from any damages and liability that may occur while my child is participating in tryouts, practices, games, tournaments, and any other Club functions.

PARENT/GUARDIAN SIGNATURES

_____ Parent/Guardian Name (I)		_____ Parent/Guardian Name (II)	
Parent/Guardian Signature	Date	Parent/Guardian Signature	Date

CLUB USE ONLY

Tryout Number: _____
Assigned Team: _____ Contacted: Phone (Parent) Phone (Message) Email
Follow-ups: _____ Accepted: Yes No
Packet Sent: Yes Mail Email Date Reg. Rcvd Added to Roster Uniform ordered (#)