



Challenge Soccer Club

Tryout Registration

Registrant: _____
Last Name First Name

Address: _____
Street City Zip

Birth Date: _____ Proper Age Group Fall: U- _____ Number of years playing: _____

Currently registered with USYSA? (Circle) Yes No

Current Soccer Team and Club: _____

Home Phone: _____ Daytime Phone: _____

Father's Name: _____ Work Phone: _____

Mother's Name: : _____ Work Phone: _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors including Challenge Soccer Club, recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the programs), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors including Challenge Soccer Club, their employees and associated personnel, including the owners of the fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize:

Signature of Parent/guardian: _____

Printed name of Parent/guardian: _____

Date: _____

CHALLENGE USE ONLY

Tryout number: _____ Misc. information: _____

Age Group: U11 U12 U13 U14 U15 U16 U17 U18 U19