

Johnston United Soccer Association Tryout Form

To Pre-register enclose tryout fee and tryout form and mail to: PO Box 843. Clayton. NC 27520
(919) 359-2784 Website: www.jusasoccer.org

For JUSA use only:

Year: _____ Tryout Fee _____ Tryout Number: _____

(Please print legibly)

Gender (circle one): Male or Female Date of Birth: ____/____/____

First Name _____ MI _____ Last Name _____

Street Address _____

City _____ Zip Code _____

Home Phone # _____

Father's Name _____ Work # _____ Mobile # _____

Mother's Name _____ Work # _____ Mobile # _____

Email Address – Primary _____

Father's and/ or Mother's occupation _____

How Many Years Played _____

WAIVER/RELEASE of LIABILITY

I intend to allow my child to participate in the Johnston United Soccer Association (JUSA). I recognize that soccer is a collision sport and that the risk of physical injury is inherent to the sport. I certify that my child is medical sound and physically fit to play soccer. I am aware of and voluntarily assume all risks – regardless of their causes – to my child, including accidental injury caused by the negligence of others, arising from his/her participation in the JUSA and/or its activities, including participation in the sport of soccer. Such risks specifically include, but are not limited to – and I certify that I will make my child aware of – the danger of significant personal injury (including death) associated with soccer goals which may tip over or collapse when used as a device on which to climb, hang, or otherwise play or when improperly moved or secured. I understand that it is not the responsibility of JUSA or its representative to serve as guardians of my child's safety. I am responsible for my child's protective equipment and the use by my child of protective equipment, including shin guards and mouthpiece and for the condition of his/her cleats if he/she chooses to wear them. Furthermore, I understand the weather conditions and conditions of the playing field can vary and can increase the risk of personal injury. I will note the weather conditions and the condition of the field, and I voluntarily assume all risks to my child arising from such conditions. I will not hold JUSA or any of its officers, employees, or agents liable in damages for any injuries my child might sustain while participating in the JUSA and any activities or leagues sponsored by it. I hereby release and forever hold harmless JUSA and all of its officers, employees, or agents from any liabilities, claims, damages, or losses arising from or in any way relating to my child's participation in the soccer club. My signature below indicates that I have carefully read the registration form, accurately completed it, and fully understand the Release and Assumption of Risk, which I am voluntarily signing, will bind me, my heirs, and my personal representatives.

Parent/ Guardian Signature

Date

For JUSA use only:

Paid Date _____ Paid Amt: _____ Check or Cash _____ Check #: _____

Member Id: _____ Address Id: _____