

Players **MUST** wear shin guards to participate and should bring a soccer ball and water.

# RSC Travel Tryout Registration

Player's Name: \_\_\_\_\_ Male - \_\_\_\_\_  
Female - \_\_\_\_\_

Date of Birth:  
(Month/Day/Year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**\*\* Club Use Only \*\***  
Division U- \_\_\_\_\_

- I have never played Travel Soccer.  
 Last year, I played Travel Soccer on the \_\_\_\_\_ (e.g. RSC U-12B) team.  
 I played Travel Soccer before \_\_\_\_\_  
(Place & Time)

Parents or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phones: \_\_\_\_\_ Cells: \_\_\_\_\_

Emails: \_\_\_\_\_

## **Participation and Medical Release**

The above named player has permission to participate in the Radford Soccer Club tryouts. If a medical emergency should arise, the Radford Soccer Club may obtain any and all medical attention deemed necessary for the above individual. I hereby give my consent and permission for the player to be medically and/or surgically treated for injuries and/or illness of any kind or seriousness under the direction of Tryout / Club personnel, until such time as I can be contacted. Further, I give my consent and permission to the physician and/or hospital and/or other health care provider selected to provide medical or surgical treatment, including, without limitation, dental care, hospitalization, injection, anesthesia, invasive surgery or any other form or kind of medical or surgical care (emergency or otherwise) for the player. By signing this form, the Radford Soccer Club, its personnel, and volunteers are released from any liability for injury or for any payment of medical treatment received.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

Please mail completed and signed forms prior to May 5<sup>th</sup>, 2010 to:  
Radford Soccer Club  
P.O. Box 1773  
Radford, VA 24143

After May 5<sup>th</sup>, this **completed and signed** form must be presented at Tryout Check-in.