



MK UNITED TRYOUTS PLAYER INFORMATION

This information **MUST** be completed and signed in order for players to attend tryouts

Tryout fee paid \$ _____

Cash/Check # _____

Tryout Number _____

Player Information

First Name _____ Last Name _____

Date of Birth _____ Age _____ Male/Female

Age Group Trying Out For __ U- _____

Previous Soccer Experience

Home Address _____

City _____ State __ WI __ Zip _____

Contact Phone Number (_____) _____ - _____

Contact Email Address: _____ @ _____

Parents Information

Mother Name _____ Cell Number (_____) _____

Father Name _____ Cell Number (_____) _____

Emergency Contact Information

Contact Name _____ Relation _____

Emergency Contact Phone Number (_____) _____

I, the parent/guardian of the registrant, a minor, agree that I the participant will abide by the rules of the USYSA, Milwaukee Kickers Soccer Club, its affiliated organizations and sponsors. 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, Milwaukee Kickers Soccer Club, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs, (collectively, the "Released Parties"), 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. I understand that participation in soccer involves the risk of serious injury, including permanent disability or death, and severe social and economic losses that might result not only from the participant's actions but the action or inaction of others, including the "Released Parties."

Parent Name (Printed) _____

Parent Signature _____ Date _____