

USA Summer Development Soccer Tryout Registration Form

FAMILY	Parent Name: _____ Address: _____ Town: _____ Apt. #: _____ State & Zip: _____ Phone (H): _____ Emergency: _____ Email: _____
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PLAYERS	Name of Player 1: _____ Age: _____ D.O.B: _____ Gender : _____ Name of Player 2: _____ Age: _____ D.O.B: _____ Gender : _____
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TEAM	Current Club: _____ Team: _____ Current Age Group: _____ Flight: _____ I am registering as a Goal Keeper []
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List any additional medical information by enclosing an additional written document with this application.

I hereby agree to let my child participate in the sport of soccer. I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my participation, and am willing to assume these risks. I hereby certify that my child is fully capable of participating in the sport of soccer and that he/she is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in this activity, except as included in writing with this application. In addition to giving full consent for my child's participation, I do hereby waive, release and hold harmless United Soccer Academy, Inc, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the sport of soccer and the activities incidental thereto, whether the result of negligence or any other cause. I grant permission for my child to receive emergency medical treatment. I grant U.S.A. Inc permission to use photographic or video images of my child in future promotional materials.

SIGNED: _____ DATE: _____

Method of Payment	Registration Information														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Check</td> <td style="text-align: center;">Personal Checks or Money Orders only please.</td> </tr> <tr> <td>Checks payable to:</td> <td style="text-align: center;">United Soccer Academy</td> </tr> <tr> <td>Mail to:</td> <td style="text-align: center;">12 Maiden Lane, Bound Brook, NJ, 08805</td> </tr> <tr> <td></td> <td style="text-align: center;"> Alternatively bring to the field on the evening of your tryout. <i>Pre registration is advised however you can show up to the field and register.</i> </td> </tr> <tr> <td>Player 1 Fees: \$15 _____</td> <td></td> </tr> <tr> <td>Player 2 Fees: \$ _____</td> <td></td> </tr> <tr> <td>Total Fees: \$ _____</td> <td></td> </tr> </table>	<input type="checkbox"/> Check	Personal Checks or Money Orders only please.	Checks payable to:	United Soccer Academy	Mail to:	12 Maiden Lane, Bound Brook, NJ, 08805		Alternatively bring to the field on the evening of your tryout. <i>Pre registration is advised however you can show up to the field and register.</i>	Player 1 Fees: \$15 _____		Player 2 Fees: \$ _____		Total Fees: \$ _____		<p>1. Players should not wear club unifrom to tryout. 2. Shinguards, soccer shoes or cleats and suitable clothing must be worn. 3. You will receive email confirmation that your place is confirmed. If you require additional confirmation of enrollment please include a stamped, S.A.E. 4. Refunds will not be issued in the event of tryout non-participation for any reason. 5. If the tryout is cancelled by USA due to adverse weather conditions the tryout will be rescheduled. 6. Refunds will not be issued in the case of weather cancellations. 7. If you have any further questions please do not hesitate to call us at (732) 563-2525.</p>
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