

EYSC Player Evaluation/Application Form



Player Name _____ Age _____ DOB ____/____/____ M/F

Address _____ City _____ ZIP _____

Email _____@_____ Phone _____

Current Grade _____ Middle School/High School _____

Primary Position _____ Secondary position _____ Dominant Foot: L/R

I currently play for a youth soccer club or rec league: Y/N If yes, what age group: U _____

Interested course of College Study _____ T-shirt Size: XS S M L XL YS YM YL YXL

Father/Guardian Name: _____ Email _____@_____
Phone _____ Occupation _____

Mother/Guardian Name: _____ Email _____@_____
Phone _____ Occupation _____

Assumption of Risk and Waiver

In recognition of the possible dangers connected with any physical activity, I hereby knowingly and voluntarily waive my right or cause of action of any kind whatsoever arising as the result of such activity from which any liability may accrue to Evergreen Youth Soccer Club, its members and agents. I **understand that all exercise and participation is done at my own risk** and therefore Evergreen Youth Soccer Club is not liable for any personal injury, accident, death, theft, or loss of personal property. I release Evergreen Youth Soccer Club from any injury arising from its good faith acts or omissions in emergency situations.

I represent that I am over the age of 18 or a parent/guardian of the minor named above and agree that this assumption of risk and waiver binds me and the minor to all its terms.

Parent/Legal Guardian Signature _____ Date ____/____/____

Additional Information:

