



NASA United Soccer

Player Tryout Form

Player Name _____ Male / Female

Age ___ DOB _____ Current team of player, if available _____

Parent/Guardian Name: _____

Street _____ City _____ State ___ Zip _____

Cell #1: _____ Email: _____

Cell #2: _____ Email #2: _____

Player positions: 1st option _____ 2nd option _____

Additional Comments: _____

Emergency Contact

Name: _____ Tel# _____

Parent/Guardian Consent and Waiver

I hereby represent that the above information is true and accurate and the named applicant is in good health and has my permission to participate in NASA United Soccer. I acknowledge that soccer is a contact sport and that there is a risk of injury from participating in NASA United Soccer and its related activities. I HEREBY WAIVE AND RELEASE NASA United Soccer and/or its agents, coaches, trainers and directors from any and all liability and claims for damages. In the event of an emergency, I hereby give permission to such medical personnel as necessary to render treatment.

Parent/Guardian Signature: _____

Date: _____

Bring completed form to tryout session

www.nasaunitedfutbol.com