



TRYOUTS

Fall 2017/Spring 2018 Season

Tryout PRE-Registration Form

Deadline: MAY 24TH

GIRLS

Tuesday JUNE 6

Birth year 2010-2008 (U8 /U9/U10) **6-7pm**

Birth year 2007-2004 (U11-U14) **7-8:30pm**

HS GIRLS Birth year 2003-1999 (U15-U19) **7-8.30pm**

BOYS

Thursday JUNE 8

Birth year 2010-2008 (U8 /U9/U10) **6-7pm**

Birth year 2007-2004 (U10-U14) **7-8:30pm**

MidState Soccer Complex

1 Educational Park Drive (Directly across from Stephen Decatur Middle School off of Mound Road)

\$15 non- refundable tryout fee (make checks payable to Decatur Park District) (AFTER MAY 24TH)

Trying out for	Born in
U8	2010
U9	2009
U10	2008
U11	2007
U12	2006
U13	2005
U14	2004
U15	2003
U16	2002
U17	2001
U18	2000
U19	1999

Name of Participant _____ Tryout # _____ (filled in by club)

Birthdate _____ T-Shirt Size please circle one: YM, YL, AS, AM, AL

Address _____ City _____ Zip _____

Parent/Guardian Name _____ Parent Home Phone _____

Cell Phone(s) _____ E-Mail Addresses _____

Please circle ONE:

I can attend 6/6 (GIRLS) 6/8 (BOYS) (highly recommended)

I cannot attend 6/6 or 6/8 but would like to attend make up tryout (DATE 6/14 6-7pm)

DECATUR PARK DISTRICT

PROGRAM INFORMATION: WAIVER AND RELEASE OF ALL CLAIMS

This WAIVER AND RELEASE OF ALL CLAIMS is provided for the Decatur Park District in consideration of enrolling the undersigned in one or more of the following programs. This waiver will be in effect for the duration of each program within which the participant has enrolled.

(X) Outdoor Soccer Season

The enrollment of which is hereby acknowledged; the undersigned does hereby release, acquit and forever waive and discharge the Decatur Park District and its officers, agents, servants and employees from any and all actions, causes of action, claims, demands, damage, costs, expenses and compensation because of, or in any way growing out of, injuries claimed to have been received by the undersigned, or the undersigned's minor child, because of participating in the above-mentioned Decatur Park District program.

As a participant in the above-mentioned program, I recognize and acknowledge there are certain risks of physical injury, such as broken arms/legs and other bones, ligament/tendon damage, and I agree to assume the full risk of injuries, including death, damages or loss that I or my minor child may sustain as a result of participating in any activities connected with or associated with such program.

I agree to waive and relinquish all claims I, or my minor child may have as a result of participating in the above-mentioned program against the Decatur Park District and its officers, agents, servants and employees. I further agree to indemnify and hold harmless and defend the Decatur Park District and its officers, agents, servants and employees from any claims resulting from injuries, including death, damages and losses sustained by me or my minor child that arise out of, in connection with or in any way associated with the activities of this program.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE WAIVER AND RELEASE OF ALL CLAIMS.

Participant Name

Emergency Contact

Parent/Guardian of Participant

Date