



TRYOUTS

Fall 2020/Spring 2021 Season

Tryout PRE-Registration Form

Deadline: MAY 15th

GIRLS

Tuesday June 2

Birth year 2013-2011 (U8 /U9/U10) **6-7pm**

Birth year 2010-2007 (U11-U14) **7-8:30pm**

Birth year 2006-2002 (U15-U19) **7-8.30pm** (8th grade & HS Girls)

BOYS

Thursday June 4

Birth year 2013-2011 (U8 /U9/U10) **6-7pm**

Birth year 2010-2007 (U11-U14) **7-8:30pm** (8th grade 2006's & any age players not playing with their HS also welcome)!

MidState Soccer Complex

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

\$10 non- refundable tryout fee (make checks payable to Decatur Park District) (\$15 AFTER MAY 15th)

Trying out for	Born in
U8	2013
U9	2012
U10	2011
U11	2010
U12	2009
U13	2008
U14	2007
U15	2006
U16	2005
U17	2004
U18	2003
U19	2002

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

Birthdate _____ T-Shirt Size please circle one: YS YM YL YXL AS AM AL AXL

Address _____ City _____ Zip _____

Parent/Guardian Name _____ Parent Home Phone _____

Cell Phone(s) _____ E-Mail Addresses _____

Please circle ONE: I can attend 6/2 (GIRLS) 6/4 (BOYS) (highly recommended)

I cannot attend either date and would like to attend make up tryout (DATE TBD with coach)

(OFFICE USE ONLY: GIRLS VSI#: 390020-10 BOYS VSI#: 390020-11)

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, damages, 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 _____