

EAST BAY ECLIPSE SOCCER CLUB TRYOUT REGISTRATION FORM



BIRTHDATE: _____/_____/_____

GENDER: _____

TRYOUT #: _____

*Tryout number will be filled in at tryouts

www.eastbayeclipse.com

Please print as clearly and neatly as possible. Thank you.

Player Information: Name: _____

Street Address: _____ City/Zip: _____

Parent/Guardian Information: Names: _____

Emails: _____

Home Phone: _____ Cell Phones: _____

Parent Interested in Being: Team Manager ([Info on Manager](#)) Referee ([Info on Referee](#))

Emergency Contact Information:

Name: _____ Phone: _____

*if same as parent/guardian, write "same"

Commitment/Availability During Summer/Fall (mid-June through mid-November 2018):

Dates Player Will Be Unavailable: _____

Dates Player May Be Unavailable: _____

Other Availability Notes: _____

Permission to Tryout:

I, as the listed parent/guardian of the player listed on this form, give permission for my child, a minor, to participate in the tryouts for the East Bay Eclipse Soccer Club ("Eclipse"). I, on the behalf of myself and my player listed on this form, release and indemnify Eclipse, its employees and other personnel, against any claims, damages, or liabilities brought on as a result of the player's participation in the tryouts. I also grant my authorization and consent for Eclipse personnel to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the personnel of Eclipse to summon any and all professional emergency personnel to attend, transport, and treat the participant.

Name: _____ Date: _____

Signature: _____