



# Ambassadors FC Tryout



Child's name (preferred): \_\_\_\_\_

Date of Birth (m/d/y) \_\_\_/\_\_\_/\_\_\_

Previous team (s) played for: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Parent's names: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

*As parent/guardian, I wish for my child to participate in the Ambassadors FC tryout. I understand that Ambassadors FC and its staff are under no liability whatsoever in respect to any personal loss or injury which the above named applicant may sustain during participation in the Ambassadors FC tryout. I also hereby authorize the staff of the Ambassadors FC to act for my child according to their best judgment in any emergency situation requiring medical attention.*

Parent/Guardian Name:

\_\_\_\_\_

Parent/Guardian Signature:

\_\_\_\_\_

Please note below any medical problems we should know about your child, including any allergies and/or activity restrictions:

\_\_\_\_\_