



Date:	_____
Age Group:	B G U _____
Tryout#	_____

Tryout Waiver Form

Player Name: _____ Birth Date ____/____/____

Address: _____

Parent/Guardian Name: _____ Phone: _____

Email: _____

Years of Experience: Rec _____ Comp _____

If player is currently on a competitive team please list the club and team below

Current Club: _____ Current Team: _____

As the parent/legal guardian of the above-named player, or player age 18 or over by signing I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent. I agree to hold harmless Newark SC and its agents and employees and hereby release them from any liability on account of injuries sustained by the player while participating in any activities. I have read and understand the above. I also acknowledge that players will be notified of team selection via the team manager or head coach after the tryouts and accept that the decision of Newark SC will be final.

Note: Parent/ Guardian signature is required for participation in tryouts.

Parent/Guardian Signature: _____