

AGE GROUP

U _____

TRYOUT #

KNOXVILLE FOOTBALL CLUB

PLAYER APPLICATION AND AGREEMENT

Player Name: _____ Date of Birth ____/____/____ Gender M/F

Address _____

Mother's Name: _____ (home) phone _____ (cell) _____

Father's Name: _____ (home) phone _____ (cell) _____

Email Address(s) _____

Club/Team you played for this past season _____

Soccer Experience: _____

I certify that the above information is correct. I agree to supply the team I am chosen for with the appropriate documentation (notarized medical release, birth certificate, player registration fee, etc.) and team fees in the time frame requested by the team designee (coach/ manager).

I hereby give consent for emergency medical and/or dental care in the event of an injury associated with a soccer try-out, practice, game, or camp. I will accept full responsibility for all payments of these services. This care may be given under whatever conditions are necessary in an attempt to preserve life, limb, or well being of my dependent.

I agree, as a condition of being selected to play for a KFC team, to abide by Club and Team Rules, and Policies including participation in Club sponsored functions and events (i.e. Club Fundraising and Tournament Volunteer Work)

By signing below each parent agrees on behalf of himself or herself and his or her child the following: The parent represents that he or she is the parent or legal guardian of the player listed and has the authority to sign this release.

Parent's Signature: _____ Date: _____

Age Group and Gender _____