

# CASSA TRI-HAWKS TRYOUT REGISTRATION FORM



## PLAYER INFORMATION:

Name: \_\_\_\_\_ Grade:..... Jersey #.....

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent (s) / Guardian (s) Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

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

## **COMMENTS:**

### **Liability Waiver and Statement of Understanding**

I, the Parent/Guardian of the registrant, agree that the registrant and I recognize that we will abide by the rules of the CASSA TRI-HAWKS, The United States Soccer Federation (USSF) and its affiliated organizations and sponsors. I will not hold any board members, officers, employees, sponsors, coaches or team coordinators responsible for any injury in connection with the CASSA TRI-HAWK soccer program.

Parent/Guardians

Signature \_\_\_\_\_ Date \_\_\_\_\_