



Metro Black Magic S C

Andrew G. Brown, President
 11 Longfellow Drive
 Franklin, MA 02038
 508-520-1269

www.magicsoccer.com

Tryout Registration, Waiver, Medical Release

All information required (please print)

First Name	Last Name	Birthday mm-dd-yy
Address		Telephone
		E-Mail
City / Town	State	Zip
Parents First Names		

It is each parent's responsibility to make sure their player is trying out for the appropriate age group. A player may never play for an age group that they are too old for.

Check	Age Group	Born on or After:
	U7	8-01-2002
	U8	8-01-2001
	U9	8-01-2000
	U10	8-01-99
	U11	8-01-98
	U12	8-01-97
	U13	8-01-96
	U14	8-01-95
	U15	8-01-94
	U16	8-01-93
	U17	8-01-92

I, the parent/guardian of the above player, a minor, recognize the possibility of serious physical injury associated with soccer and in consideration for the player's participation in the metro **Black Magic** soccer Club's activities, hereby, release discharge and/or otherwise indemnify the metro **Black Magic** Soccer Club, its officers, coaches, volunteer workers, affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities and individuals providing volunteer assistance, of any liability in the event of an injury during the course of this program.

I hereby give consent for emergency medical treatment for the player. This treatment may be given under whatever conditions are necessary to preserve life, limb or well being of the player.

 Signature of Parent/Guardian

 Date