



ACADEMY OF SOCCER EXCELLENCE (ASE)
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 PO Box 5595
 Pasco, WA 99302

PLAYER TRYOUT/REGISTRATION FORM

TRYOUT NUMBER: _____

Returning ASE Member New ASE Member – **please attach a copy of player’s birth certificate.**

Age Group Requested: GU10 GU11 GU12 GU13 GU14 GU15 GU16 and up
 BU10 BU11 BU12 BU13 BU14 BU15 BU16 and up

Player/Contact Information

Player’s Name: _____ **Date Of Birth:** _____

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Email Address :** _____

Parent Name: _____ **Phone:** _____ **Email:** _____

Parent Name: _____ **Phone:** _____ **Email:** _____

Emergency Contact Name: _____ **Phone:** _____

Allergies/other medical conditions the player has: _____

Family Physician: _____ **Phone:** _____

Insurance: _____ **Phone:** _____

Medical Treatment Authorization and Liability Waiver

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the ASE, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player’s participation in ASE/US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature: _____ **Date:** _____ **Relation to player:** _____

Tryout fee of \$ _____ Paid by: Check No. _____ Cash Credit Card Received by: _____