

SPARTA UNITED TRYOUT FORM

Age Group _____ Boy _____ Girl _____

Players Name _____ Parent/Guardian Name _____

Address _____ Zip _____

Phone (H) _____ Work _____ Cell _____

Email Address _____

Date of Birth _____ School Attending/Grade _____

Present Team _____ Playing Experience _____

I hereby give my permission for my **son/daughter** _____
To participate in tryouts for the Sparta United Soccer Club, an affiliation of Utah Youth Soccer Association and United States Youth Soccer Federation. As the parent/guardian, of the minor participant, I agree that the participant will abide by the rules of the Sparta United Soccer Club and its affiliates. I do further release any and all Sparta United Soccer Club, UYSA, and United States Soccer Federation officers, employees, tryout property owners against any claim or action on behalf of the above named participant.

Consent for Medical Treatment on behalf of a Minor

I hereby give permission, as the parent/legal guardian of the above named registered participant, to receive emergency medical care prescribed by a certified doctor of medicine and or dentistry as deemed to be necessary.

I further acknowledge the participant is insured by either UYSA (2007 – 2008 registered player) or by a personal/family policy.

The participant's personal insurance is: _____

Parent/Guardian Signature _____ **Date** _____

(Please bring this form neatly filled out including parent/guardian signature and dated to the tryout site, a tryout number will be assigned to you at that time).