



AYSO MATRIX Tryouts & Player Information Form

AYSO Matrix is dedicated to providing a quality training program for players and coaches in a skilled arena to enhance future opportunities through soccer.

(PLEASE PRINT)

PLAYERS NAME _____

ADDRESS _____

CITY _____

ZIP CODE _____

PARENTS NAME(S) _____

PLAYER'S BIRTHDATE _____

HOME PHONE _____

CELL PHONE(S) _____

PLAYER'S SIZES: JERSEY, T-SHIRT & SHORT SIZES (Youth - YS, YM, YL, & Adult - AS, AM, AL, AXL), AND SOCKS SIZES (Youth - Y or Adult - A).

JERSEY	T-SHIRT	SHORTS	SOCKS
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SOCCER EXPERIENCE

AYSO/REC (Yrs)	MATRIX (Yrs)	MATRIX TEAM/REGION
AYSO REGION	OTHER CLUB (Yrs)	CLUB NAME

OTHER SEASONAL SPORTS

DO YOU PLAY ANOTHER SEASONAL SPORT? YES _____ NO _____ IF YES, WHAT SPORT(S)? _____
(BASEBALL, SOFTBALL, BASKETBALL)

Medical Release Form

EMERGENCY AUTHORIZATION: I, the undersigned parent or legal guardian of the above player, a minor, hereby authorize the coaches and/or other AYSO Matrix officials to act as my agents in the capacity of activity supervisors and vehicle drivers, and to consent to medical, surgical or dental examination and/or treatment.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I, the undersigned parent or legal guardian of the above player, a minor, acknowledge that participation in soccer involves risk of severe, permanent physical injury, and death. For myself, and on behalf of the above player, we willingly and voluntarily accept and assume all such risk. In consideration of permitting the voluntary participation of the above-named participant in this skills program, for myself and on behalf of the above player, I hereby release, discharge and agree to hold harmless AYSO Matrix, its employees, volunteers, officials, sponsors, and other representatives from any and all claims, demands, costs, expenses, and compensation arising out of or in any way related to any injury or other damage that may result to said participant while participating in any AYSO Matrix sponsored event, including any physical or other injury caused by the negligence of any such person while performing his/her duties at any time.

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, DISCLAIMER, ASSUMPTION OF RISK, AND WAIVER AND FULLY UNDERSTAND THE TERMS OF EACH. I UNDERSTAND THAT I AND THE ABOVE PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT FOR MYSELF AND ON BEHALF OF THE ABOVE.

Does your child have any disabilities, injuries, limitations, history of heart or respiratory conditions or other medical conditions?

If so, list here _____

PARENT/GUARDIAN _____ DATE _____