



General Manager & Founder - Ali Ahmadi

Boys Coaching Director - Tim Chastonay

## 2010-11 INDOOR & TRYOUT WAIVER

**Please Print:**

Age Group You Are Trying Out For: \_\_\_\_\_ Your Favorite Position: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ School Grade (2010-11) \_\_\_\_\_

Name \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent Emails \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Player's Known Allergies or Medical Problems \_\_\_\_\_

Have you played for Javanon Soccer Club before? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, when/what team: \_\_\_\_\_

Other Competitive teams you have played for: \_\_\_\_\_

### Waiver for Tryouts and Indoor Participation:

I recognize and understand that soccer is a sport involving risks not encountered in every day play. With this understanding, in consideration of Javanon Soccer Club, Kentucky Youth Soccer Association (KYSA), and the United States Youth Soccer Association (USYSA), their Board of Directors, coaches, referees, and other such volunteers that are connected with Javanon, KYSA, USYSA, and the owners of fields and facilities utilized for Javanon programs, in any capacity, full and forever release the aforementioned for any and all damages, claims, and/or liability arising out of any injury to or caused by my child. With the knowledge and understanding of the foregoing, this is to certify that my child has permission to participate in activities associated with the Javanon Soccer Club tryouts and/or its programs, both indoor and outdoor.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Javanon use only:

PAYMENT REC'D: \_\_\_\_\_

T-Shirt #: \_\_\_\_\_

Age Group: \_\_\_\_\_