

NWI Eagles FC
TRYOUT APPLICATION

Player Name: _____ DOB: _____ Gender: _____

Home Address: _____

E-mail: _____ Mobile Number: _____

Name of Club with which You Were Last Registered: _____

Name of Club for which You Last Played: _____

Parent Name(s): _____

Home Address: _____

E-mail: _____ Mobile Number(s): _____

1. I understand that Soccer is a physical, contact sport that involves an inherent risk of injury. I assume all risks and hazards associated with my participation in the sport. I am in proper physical condition to participate in the sport and have no illness, disease or existing injury or physical defect that would be aggravated by my participation. I will inform my coach if this status changes.

2. I further acknowledge that NWI Eagles FC does not provide health care or liability insurance coverage for injuries or harms that may occur to me as a result of my participation in the sport, including activities organized by NWI Eagles FC. I will maintain insurance coverage as necessary for my own protection.

3. In exchange for the opportunity to participate in tryouts for NWI Eagles FC, I hereby remise, release, and forever discharge NWI Eagles FC, LLC, as well as its members, managers, employees, agents, successors, representatives, volunteers, and attorneys, from any and all liability, claims, counterclaims, causes of action, suits, debts, sums of money, accounts, controversies, damages and demands whatsoever, whether currently known or unknown, accrued or contingent, at law or in equity,

which I may now have, or hereafter may have, by reason of any matter, event, or occurrence relating in any way to my participation in such activities.

4. I understand that becoming a player (including a developmental or reserve player) for NWI Eagles FC involves making a one-year commitment to the team, and that during this period I will be expected to attend all scheduled practices, scrimmages, games, tournaments, events and other activities in which the team participates. If selected, I will do my best to attend all events, and meet all requirements established by the team's manager and coaches. I understand that failure to attend events or meet these requirements, without good cause, will subject me to dismissal from the team. I agree that the manager of NWI Eagles FC shall have full authority and discretion to make all decisions concerning discipline, including dismissal from the team, and that all such decisions shall not be reviewable by any tribunal or court of law or equity.

5. I also understand and agree that once a position as a player for NWI Eagles FC (including a developmental or reserve player) is accepted, all registration fees and other payments to the club are non-refundable.

Applicant:

Signature

Date

For those individuals under the age of eighteen (18) years (minor):

As the parent and natural guardian or legal guardian of the applicant, I hereby agree to all terms stated in the foregoing Tryout Application for, and on behalf of, the applicant (player/minor) named above. I hereby bind myself, the minor, and all other successors, assigns, and representatives to the terms of the terms set forth in the Tryout Application. I represent and certify that I have the legal capacity and the authority to act for, and on behalf of, the minor in the execution of this Tryout Application.

Signature

Date

Signatory's Name Printed Name

Relationship to Applicant