



TVSA HAWKS

Tryout Registration

For TVSA Hawks use
€ Boy
€ Girl
AGE GROUP _____

Please print neatly and fill out each section

Player Name _____
Player Date of Birth _____
Former Club _____
Parent(s) Name _____
Home Address _____
City, State, Zip _____
Home Phone # _____ Cell Phone # _____
E-mail address _____

LIABILITY WAIVER

I, the PARENT / GUARDIAN of the player named hereon acknowledges that participation in the sport of soccer, as in any sport may result in injury. The undersigned PARENT / GUARDIAN therefore releases the TVSA Hawks, its TEAMS, AGENTS, OFFICERS, COACHES, and PLAYERS, from all LIABILITY or RESPONSIBILITY for any claim, damage or legal action on behalf of the player or the players parents, heirs, or personal representatives, arising from any injury the player may sustain while participating in soccer or related activities, including transportation.

NAME _____
PARENT / LEGAL GUARDIAN (PLEASE PRINT)

SIGNATURE _____ **DATE** _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed DOCTOR of MEDICINE or DOCTOR of DENTISTRY. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

NAME _____
PARENT / LEGAL GUARDIAN (PLEASE PRINT)

SIGNATURE _____ **DATE** _____