



Carson Futbol Club

PLAYER PROFILE AND RELEASE FORM

Player Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Player phone: _____ Player email: _____ Circle One: Male / Female

Father's Name: _____ Cellphone: _____ Email: _____

Mother's Name: _____ Cell phone: _____ Email: _____

Most Recent Soccer Team/Club: _____ Years Playing Soccer: _____

Preferred Position(s): _____

Activities or sports that may overlap with soccer: (List activity and season/days) _____

Medical Conditions that may prevent active participation: _____

Please check the areas where Parent/Guardian will help: Coach Asst Coach Team Manager

Team Referee Sponsorship Team Parent (parties, paperwork) Fund Raising Club Help

AUTHORIZATION TO PLAY, MEDICAL RELEASE, AND WAIVER FORM

Recognizing and with knowledge of the fact that engaging in the competitive contact sport of soccer could result in substantial risk of personal injury, the signature below indicates the above Player is in good physical condition, and I hereby knowingly and voluntarily assume the risk of any injury the above player may suffer as a result of participation in Try-outs at Carson Futbol Club (CFC), and release any claim which might be asserted against CFC, its officers, coaches, assistant coaches, managers, volunteers, and any other agents representing CFC. By waiving any right to assert a claim, I am agreeing to release, absolve, indemnify and hold harmless any and all parties previously mentioned from any and all liability arising from any injuries at CFC Try-Outs. My waiver expressly means that I, participant's legal parent or legal guardian, accept and assume all risks and hazards inherent in and related to Try-outs at CFC. I also understand that CFC will not provide any assistance with any medical bill(s) associated with Try-outs, should the Player be injured. My permission also includes authorization for emergency medical or dental treatment deemed appropriate and necessary by any coach, assistant coach or representative or agent thereof for the Player, including transport to the nearest medical or dental facility adequate to treat the emergency.

Signature of Parent/Guardian _____ Date _____

Carson Futbol Club and the Great Basin Youth Soccer League encourage all unregistered young athletes attending competitive soccer tryouts to actively participate in different Club or Team tryouts so they may fully understand the training programs and benefits that individual Teams or Clubs may offer. Participating in Carson Futbol Club tryout DOES NOT register you to play, nor bind you to the particular Club or Team. For additional information, please speak to a Club/Team Representative or call GBYSL.

www.CarsonFC.org