



FC VALENCIA

2016 - 2017 Tryout and Medical Release Form

Player Information: Please Print

Player name: First _____ Last _____

Birth date: ____/____/____ (Month/Day/Year) Age: _____ Gender: M F

Address: _____ City: _____ State _____ Zip _____

Father Name _____ Cell Phone: _____

Mother Name _____ Cell Phone: _____

Emergency Contact: _____ Cell Phone: _____

Primary Email: _____

Medical Release

Medical Conditions: _____

Medical Release: I, _____, the parent/guardian of _____ hereby give my permission for FC Valencia Staff to procure necessary medical treatment, until such time as I may be contacted, for my child/ward should they be injured or require medical attention while playing or practicing as members of FC Valencia. This permission shall be in effect for one year from date of signing.

Parent/Guardian Signature: _____ **Date:** _____

Accident / Injury Liability Release

I, the undersigned, also do hereby assume responsibility for any accident, injury, or death that may occur to my child/ward while participating in any event sanctioned by FC Valencia or team coach. I hereby remise, release, and forever discharge FC Valencia and it's agents, servants, personnel, and coaches from suits of law, of whatsoever kind of nature regarding my child's/ward's participation in the soccer program.

Parent/Guardian Signature: _____ **Date:** _____

How did you hear about the FC Valencia Tryouts? _____