

Crusaders Soccer Club  
KYSO Ltd. Open Tryout Registration/  
Medical Release Form

Crusaders S.C. ONLY

Age group: \_\_\_\_\_

Boys       Girls

Tryout # \_\_\_\_\_

**PLEASE PRINT LEGIBLY**

PLAYERS NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ FATHER \_\_\_\_\_  
First & Last First & Last

EMAIL ADDRESS: \_\_\_\_\_

SCHOOL GRADE (in the **FALL**) \_\_\_\_\_

My child/ward has permission to participate in the Kaneland Youth Soccer Org. Ltd. Crusaders Soccer Club open tryouts.

I recognize and acknowledge that there are certain risks of physical injury to participants in the program, and I agree to assume the full risk of any such injuries, damages or loss regardless of severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program. I waive and relinquish all claims I or my child/ward may have against the Kaneland Youth Soccer Org. Ltd. and its officers, agents, servants, employees, volunteers, sponsor groups, and entities providing fields to the association from any and all claims from injuries, damage, or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in the program. I further agree to indemnify and hold harmless and defend the Kaneland Youth Soccer Org. Ltd. Travel Crusaders and its officers, agents, servants, employees and volunteers from any and all claims resulting from injuries, damages, and losses sustained by me or by my child/ward and anyone connected with or in any way associated with the activities of the program. I have read and fully understand the program details and waiver and release of all claims. I understand that my own health and accident insurance are my financial protection in the event of injury to my soccer playing child/ward

As a parent/legal guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the above named minor in the event of a medical emergency which in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
RELATIONSHIP TO MINOR

\_\_\_\_\_  
CELL PHONE

\_\_\_\_\_  
NAME OF OTHER CONTACT IN CASE OF EMERGENCY

\_\_\_\_\_  
PHONE