



# PASA FC TRYOUT REGISTRATION

*Please print all information other than signature*

## PLAYER'S INFO

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
*MM/DD/YY*

ADDRESS: \_\_\_\_\_  
*Street Apt. #*  
\_\_\_\_\_  
*Town State Zip*

CURRENT TEAM(S): \_\_\_\_\_

BEST POSITION: \_\_\_\_\_ OTHER POSITION(S): \_\_\_\_\_

## PARENT(S)/GUARDIAN(S)INFO

NAME(S): \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

INJURY WAIVER: I, my heirs, successors and/or assignees, hereby waive my right to compensation or reimbursement for medical expenses and other costs, including, but not limited to transportation and rehabilitation, incurred as a result of any injury sustained in attending tryouts organized by PASA FC, its employees, coaches, managers, or any other club official. I understand and acknowledge that PASA FC has no insurance, and none of its officials, coaches, or managers are liable for any injury sustained in connection with the aforementioned activities. I assume full responsibility for my participation in any related program (activity) for the tryout period defined by MAPLE.

Furthermore, I have examined the playing field and related facilities and I hold harmless PASA FC, its directors and officers, and owner of the said field and facilities.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
*Parent/Guardian*

PASA FC use only: *try out date:* \_\_\_\_\_ *try out #:* \_\_\_\_\_

PASA FC \* 43 North Street \* Westford MA 01886  
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Emily Capone, Registrar *ec1103@verizon.net*

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