

# Kawartha Lakes Soccer Club Assessment/Tryout Waiver Form

This form is only required for players that did not play with the Kawartha Inferno during the 2016 Outdoor season.

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Parental Waiver:

I hereby give my consent for the above named player to participate in all age division designated tryouts/assessments/training sessions with the Kawartha Lakes Soccer Club (KLSC).

I agree to accept the terms and conditions, all risks and hazards to participation, for my child to participate in such activities.

I do hereby waive, release, absolve and indemnify and agree to hold harmless the Kawartha Lakes Soccer Club and its directors, officials, organizers, volunteers, coaches and participants in all activities of the club.

I hereby acknowledge that the said player's participation in these tryouts may be revoked at any time, at the sole discretion of the KLSC, for inappropriate conduct by said player, and/or his/her parent or guardians.

## NOTICE OF WARNING:

There is a potential risk in training and participating in any sport, and we have tried to create a safe and controlled environment for safe participation. The Coach/Club has established rules of participation and proper conduct on or about the playing field that must be followed.

## AGREEMENT:

On signing to tryout with the KLSC, I agree to abide by the Published Rules of The Ontario Soccer Association, the East Central Ontario Soccer Association, and the Kawartha Lakes Soccer Club.

Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_