



## Lehigh Valley United F.C. 2010-2011 Tryout Registration Form

Administrative Use Only =====> Tryout Shirt #: \_\_\_\_\_ Blue \_\_\_\_\_ White \_\_\_\_\_  
Age Group \_\_\_\_\_ Payment: \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

### Player Information

*Please Print*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Parents E-Mail: \_\_\_\_\_

Current Club: \_\_\_\_\_ Team & Age: \_\_\_\_\_ League: \_\_\_\_\_

How did you hear about tryouts? \_\_\_\_\_

### Medical and Emergency Information:

*Please Print*

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Injuries/Illnesses of which we should be aware: \_\_\_\_\_

Allergies/Reactions to prescribed medications: \_\_\_\_\_

### Consent

The applicant has been granted permission to attend and participate in the Lehigh Valley United soccer tryout. I, as parent/guardian of the above applicant agree that I and the participant will abide by the rules of the USYSA and EPYSA. Recognizing that the possibility of physical injury can be associated with soccer, I hereby release, discharge, and/or otherwise indemnify Lehigh Valley United, EPYSA, Lehigh Valley United F.C. and their affiliates against any claims on behalf of the registrant as a result of participation.

As the parent or legal guardian of the above player, I hereby give my consent for emergency medical care by a duly licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependant.

Parent/Guardian- Printed Name \_\_\_\_\_

Parent/Guardian- Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Tryout fee:** \$20.00 at the field, \$15.00 if mailed in with e-mail confirmation received and printed prior to the first tryout.

Checks made out to LVU and mail with registration form to:

LVU  
PO Box 634  
Whitehall, PA 18052