



**Tallahassee United Futbol Club Registration/Tryout Request**

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

Player's Address: \_\_\_\_\_

Player's Home phone: \_\_\_\_\_ Player's School \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Home phone: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Home Phone: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Please note any Medical Conditions that may affect your child's ability to tryout or participate on a TUFC team. \_\_\_\_\_

**Permission to Participate, Parent Acknowledgement, and Release**

TUFC is a competitive youth soccer program that plays matches against other soccer teams both locally and away. TUFC also participates in regional tournaments and regional and/or state cup tournaments. TUFC teams practice two to three times per week as part of the program

**Parents should note that participation on a team would represent a significant commitment of your and your child's time in order to participate in these activities. Additional expenses will be incurred for the purchase of uniforms (new players), coaching and developmental fees, and team fees (team fees cover field rentals, referees, and tournament entry fees).**

**I have read the above and I will make a good faith effort to honor my child's and my commitment to TUFC. If I have never had a child in TUFC, I agree to attend and participate in a Parent Education training session.**

As parent/guardian of the above registrant, I understand that soccer is sport in which injuries may occur and I fully and completely assume any risk to my child named above for any such injuries that may occur. I further agree that I, and the player registrant, will abide by the rules of the Tallahassee United Futbol Club, US Club Soccer, the Florida Youth Soccer Association (FYSA), and the United States Youth Soccer Association (USYSA) and its affiliated organizations. Recognizing the possibility of physical injury associated with soccer and in consideration for the registrant being accepted as a participant in this soccer program, I hereby release Tallahassee United Futbol Club, US Club Soccer, FYSA, USYSA, their affiliated organizations, and all persons, officers, coaches, and officials, including the owners of fields and facilities used for the program, from any and all liability of every nature, kind and description as a result of any injuries, hurt or damage sustained as a result of his/her participation in this soccer program and/or transportation to or from the same. I, the undersigned, verify that the information on this registration form is accurate and complete.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Returning TUFC Player \_\_\_\_\_ New TUFC Applicant \_\_\_\_\_ Assessment Number \_\_\_\_\_  
Actual 2010-11 Age Group \_\_\_\_\_

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