

"OFFICIAL ADIDAS PARTNER"



Men's Super-20 Registration

Player Name: _____ Birth Date: ____ / ____ / ____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ - _____ Cell Phone: () _____ - _____

Email Address (*please print clearly*): _____

Player Details

Position: _____ **Height:** _____ **Weight:** _____

Playing Experience:

Uniform Size
(Please circle one)

Adidas Adult Sizes: S M L XL XXL

RELEASE FROM LIABILITY- PERMISSION TO TREAT - MEDICAL & PICTURE WAIVER

I hereby warrant that I am in good physical condition and capable of participating in this tryout / program. I hereby authorize the Beachside SC staff to act for me according to their best judgment in any emergency requiring medical attention. I hereby waiver and release Beachside SC, and any associated facilities, from any and all liability for any injuries and illness' incurred during participation. I will be responsible for any and all costs of medical attention and treatment. Beachside SC is not responsible for personal items that are lost, stolen or damaged. I also understand that pictures taken during any Beachside SC training sessions, game or events may be used in promotional materials.

ACCEPTED AND AGREED

Name: _____ Signature: _____ Date: _____

Parents / Guardian Printed Name (if player is under 18 years of age): _____

Parent / Guardian Signature (if player is under 18 years of age): _____

"SUCCESS IS A CHOICE"