



## Tryout Waiver

**Player's Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Previous Team Name** \_\_\_\_\_

**Contact Phone Number(s)** \_\_\_\_\_

**Contact Email(s)** \_\_\_\_\_

**As a parent or guardian I acknowledge that soccer is a physical, contact sport and that from time to time injury may occur. I hereby acknowledge and authorize that my son/daughter is healthy and fit to participate in the Piedmont Triad Football Club Tryouts.**

**Signature of Parent or Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_