



Clifton Stallions Try-out Registration Form

Players first Name: _____ Last Name: _____

Parent / Guardian: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Birth Date: _____ Age Today: _____

Position: (Check all that apply) _____ Forward _____ Midfield _____ Defense _____ Goalie

Current Team & Association, Flight: _____

Medical Release and Liability Waiver

As the parent or legal guardian of the above named child, I authorize Clifton Stallions SC and its coaches and administrators to seek and authorize emergency medical treatment for my child when deemed immediately necessary or advisable, and I cannot be reached. I hereby release and discharge Clifton Stallions SC, and its members, employees, contractors, organizers, sponsors, agents and affiliated entities from any and all liability, claims, demands, damages and causes of action for personnel injury, property damage, and / or other loss suffered by my child in connection with his / her participation in these open training and tryout sessions.

Print Name: _____

Parent / Guardian signature: _____

Date: _____