

Official Use Only This Box: Number Assigned to Player for Tryout _____ Age U ___ B G
Birth Certificate _____ Med Waiver _____

Roanoke Valley Youth Soccer Association

www.rvysa.org

Travel Team Registration and Tryout Participation Waiver

Registration Instructions: Fill this form and turn in to tryout registration desk. Check website for dates and times of tryouts.

Player Full Name _____ Male/ Female (Circle)

Date of Birth MM/DD/YYYY _____ Age player will be August 1 of NEXT YEAR _____

Street or Physical Address _____

Telephone and E Mail Contact Information

Home _____

Father Name _____ Cell Phone _____

E Mail _____ Alt E Mail _____

Mother Name _____ Cell Phone _____

Other Contact _____ Phone _____

Parental Permission and Waiver

Having been informed of the organization of the Roanoke Valley Youth Soccer Association (RVYSA) to provide supported soccer games for youth, I, one of the parents or guardians of the above named candidate do hereby give my approval to my child's participation in any and all activities. I knowingly and intentionally release, waive, and discharge any and all claims or causes of action, on my behalf and on child's behalf, arising out of my child's participation in said activities against the RVYSA and all organizers, employees, volunteers, officers, board members, coaches, referees, sponsors, supervisors and landowners permitting the use of their land for soccer activities, any and all of them. I further covenant not to sue the RVYSA or the aforementioned organizations, associations, parties, and individuals or any entity or person appointed by them for any damages I or my child may incur including damages for personal injury, death, or property damage. I further agree to abide by the rules, regulations, and decisions of the RVYSA Board, officers, and referees.

Parental or Guardian Signature _____ Date _____