



Try out # _____

Paid _____

Utah Soccer Alliance - METRO Tryout Application

***PLEASE PRINT CLEARLY**

Player's Name _____ Date of Birth _____

Parent/Guardian Name _____ Boy _____ Girl _____ Birth Year / Age Group _____

Address _____ Zip _____ Email _____

Phone (H) _____ Cell _____

Present Team & position _____

I hereby give permission for my **son/daughter** _____ to participate in tryouts for USA METRO. As the parent/guardian, of the minor participant, I agree that the participant will abide by the rules of USA METRO and its affiliates. I do further release any and all USA METRO and Utah Soccer Alliance officers, employees, and tryout property owners against any claim or action on behalf of the above-named participant. After committing and given a spot on a USA METRO team, no refunds will be given.

Consent for Medical Treatment on behalf of a Minor:

I hereby give permission, as the parent/legal guardian of the above-named registered participant, to receive emergency medical care prescribed by a certified Doctor of Medicine and or dentistry as deemed to be necessary.

The participant's personal insurance is: _____

A \$20.00 try-out fee is due at time of registration. And a try-out t-shirt /number will be issued.

Age-Groups:

Under 9 Players born in 2011	Under 10 Players born in 2010	Under 11 Players born in 2009
Under 12 Players born in 2008	Under 13 Players born in 2007	Under 14 Players born in 2006
Under 15 Players born in 2005	Under 16 Players born in 2004	Under 18 Players born in 2002

I have received and will read - the **USA METRO Tryout and Club Expectations document** _____ (**initial**)

I have read and fully understand ALL Commitments and Policies of this Try-out Form Document including the commitment of USA METRO Fees and also the policy that no USA METRO Fee Refunds will be given after accepting and committing to a spot on a USA METRO Team. I also understand that failure to pay USA METRO Fees, could result in my son or daughter, being put in bad standing with the Club and Utah Youth Soccer Association. By signing below, I have agreed to all terms on all the Form Documents.

Parent/Guardian Signature _____

Date _____

please print: Parent/Guardian Name _____