

Lititz Youth Soccer Club  
Travel Team Tryout Registration

Age group \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: F M

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ School: \_\_\_\_\_

Parents: \_\_\_\_\_

List any medical conditions or prohibitions: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Consent:** \_\_\_\_\_ has my permission to participate in the Lititz Youth Soccer Club Travel Team Tryout. I, the player, and we, the parents individually and collectively, intending to be legally bound, hereby for ourselves and our heirs, executors, and administrators, waive and release the Lititz Youth Soccer Club, its agents and representatives, from any and all claims or rights to damages for injuries or losses suffered by me, the player, directly or indirectly, in training for, or traveling to and from, or competing in or while attending the Lititz Youth Soccer Club Travel Team Tryouts. I consent for medical treatment for my child in the event of any emergency.

**I understand that Lititz Youth Soccer Travel Team is a commitment to play two seasons (Fall/Spring). Is there any reason your child cannot commit to both seasons**

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fee for Travel Team Tryout is \$5. Paid : \_\_\_\_\_ ( cash) \_\_\_\_\_ (Check No.)

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**For registrar use only:**

Jersey Color \_\_\_\_\_ Number \_\_\_\_\_ Age Group \_\_\_\_\_