



MAYS Striker Soccer Player Profile

Please complete this form and hand in at the check-in table.

Age Group you are trying out for: _____

Player First & Last Name _____

Date of Birth _____ Age: _____ Gender (Circle): Male Female

Player Address: _____

Player Phone Number: _____

Previous League _____ Previous Team/Level _____

First Parent Name(s) _____

First Parent Email Address _____

First Parent Contact Phone _____

Second Parent Name _____

Second Parent Email Address _____

Second Parent Contact Phone _____

Health Issues: _____

I certify that, in advance of participation in the activity or program identified herein, I have received any and all information which I deem necessary or important in making an informed choice regarding my own or my child/ward's participation in such activity or program. In consideration of the YMCA of Metro Atlanta, allowing myself, my child or ward to participate in such program or activity, I hereby voluntarily agree to assume all risks of my own, my child's or ward's participation in such program or activity, and agree to hold harmless the YMCA of Metro Atlanta, its successors, agents, employees, and volunteers ("YMCA") from and against any and all liability, claims, damages or expenses which I, my child or ward have or may have arising out of or related to my participation, or that of my child or ward, in such program or activity, including death, personal injury or property damage or loss of any kind, whether caused by the act or omission of the YMCA, myself, my child or ward, or others.

Further I hereby irrevocably release, consent and authorize the YMCA of Metro Atlanta and its agents to use my photograph/likeness/voice, as it pertains to my participation with the YMCA of Metro Atlanta, in any manner for promotional efforts without expectation of or right to any reimbursement in connection with its use.

Signature: _____ Date _____