

TRYOUTS REGISTRATION FORM

NAME	NAME LAST NAME SECOND LAST NAME		
	MONTH	DAY	YEAR
BIRTHDAY	CITY	STATE	COUNTRY
BIRTHPLACE	INSURANCE	POLICY#	
INSURANCE			
CURRENT CLUB/ TEAM			
PLAYER HOME ADDRESS			
CITY		STATE/ ZIP CODE	
TELEPHONE		CELULLAR	
EMAIL			
FATHER/LEGAL GUARDIAN			
MOTHER/LEGAL GUARDIAN			
RESPONSIVE LETTER FOR THE SIGNATURE OF A PARENT OR GUARDIAN OF A MINOR			
<p>TO WHOM IT MAY CONCERN:</p> <p>The undersigned (Parent or Guardian), through this RESPONSIVE LETTER, certify that it is my wish that my son, aged, attend to participate in Soccer tryouts organized by Soccerforkids.org during the period of December 12 thru 15, 2025 Stating that as Parents we know the risks involved in playing soccer, as well as the risks involved in moving and staying outside your home. In view of the foregoing, in this act:</p> <p>I RELEASE Soccerforkids.org and ATLAS FC from ALL RESPONSIBILITY, as well as their directors, coaches, administrators, and other collaborating personnel, for any situation that may arise because of carrying out the activities of the event, either before, during or after it, in the path of entry and exit of the described activity. I also state:</p> <p>UNDER PROTEST TO TELL THE TRUTH, that the identity documents and the others Presented in this act for the purpose of complying with the requirements, are legitimate, so that any situation that could arise in relation to their authenticity, will be the sole and exclusive responsibility separating any of the people who transport, travel, or accompany my son from any responsibility, whatever its nature.</p>			
FATHER/MOTHER/OR LEGEL GUARDIAN		DATE	