

Greater Cleveland Athletic Association (GCAA) Tryout Waiver Form

Player Name: _____ Birth Date ____/____/____

Address: _____

Parent/Guardian Name: _____

Phone: _____

Email: _____

Years of Experience: Rec _____ Travel _____

If player is currently on a competitive team please list the club and team below

Current Club: _____ Current Team: _____

As the parent/legal guardian of the above-named player, I hereby give my consent for my child to participate in GCAA travel soccer tryouts. All personnel including the GCAA board, coaches, managers, referees, and other volunteers associated with these programs shall not be held liable for any injury whatsoever my child may sustain in any soccer related activities. I agree to abide by the GCAA policies, procedures, and code of conduct. I hereby give my consent, in the case of injury, to have an athletic trainer, medical doctor, nurse, hospital or clinic provide the player with assistance or treatment.

Note:

Parent/Guardian signature is required for participation in tryouts.

Parent/Guardian Signature: _____