



EAGLE EXPRESS SOCCER CLUB



Try outs are for a roster position on one of our Select Soccer Teams.
To apply for a roster position, complete this form, and return it to the registrar.

Permission To Roster Form

ALL BLANKS MUST BE FILLED COMPLETELY

Team: _____ Age Group: U__ / Team Coach: _____

Player's Full Name: _____ Date of Birth: _____

Player's Preferred Name: _____ Home Phone: _____

Father's name: _____ Work Phone: _____

Father's home number if different from player's Home: _____

Mother's name: _____ Work Phone: _____

Mother's home number if different from player's Home: _____

Family E-mail('s): _____

Address: _____

City: _____ State: _____ Zip: _____

I, (we) the parent/legal guardian of the above player, a minor, agree that the player and I (we) will abide by the rules of **"Eagle Express Soccer Club"**, the specific team and coach identified above, Tennessee State Soccer Association and USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for **"Eagle Express Soccer Club"**, the specific team and coach identified above, Tennessee State Soccer Association and USYSA accepting the above named registrant for its soccer programs and activities, I hereby agree to assume the risk of and hold harmless, release, discharge and/or other wise indemnify the **"Eagle Express Soccer Club"**, the specific team and coach identified above, Tennessee State Soccer Association and USYSA, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the programs, against any claim by or on behalf of the registrant, as a result of their participation in the programs and/or being transported to or from the same. I also authorize transportation convenient or necessary to and from any athletic event or social event connected with this club.

Parent /Legal Guardian's
Signature _____ Date: _____

Player's Signature _____ Date: _____

Coach's Signature _____ Date: _____

By signing this form I give **"Eagle Express Soccer Club"** permission to register my son/daughter to play for the above team for the TS July 1, 2020 – June 30, 2021 seasonal year. I understand that as a player/parent that I do not have to commit to any association, team, or coach during the open period and I can not be punished by trying out for any other association, team, or coach during this period.