



# Player/Participant Information

Mail form to: **M.C. United Soccer Club**  
7000 Chippewa Suite 101  
St. Louis, Missouri 63119

Or FAX form to: **314-635-4000**

Check applicable fee.

Cost

  
  
  
  

Tryout

Free

Other (describe) \_\_\_\_\_

Player's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Player's Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age Group: Under-\_\_\_\_\_

Phone Number to Contact You: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Circle One: Boys / Girls

Team Played for Last Season: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_ Other Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Release of Liability

As further consideration of my participation in the M.C. United Soccer Club tryouts and training, I hereby, on my own behalf and on the behalf of my heirs, executors, guardians, administrators, and other personal representatives release, waive, and forever discharge the M.C. United Soccer Club, any practice field facility, and the affiliates of either or all of them and all of their respective employees, officers, directors, agents, officials, and volunteers from and against any and all liabilities, claims, demands, actions, causes of action, damages, costs or expenses for personal injury (including, without limitation, bodily injury and/or property damage) which I may sustain and which are or may be caused by the act or omission of any of the foregoing, except where such act or omission constitutes gross negligence or willful misconduct.

Parent or Guardian: \_\_\_\_\_  
Signature

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**For Club use only:** Reg# \_\_\_\_\_ Check # \_\_\_\_\_

Comments: \_\_\_\_\_

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