



Red Thunder Soccer Club
www.rusc.org/redthunder.html

**Tryout Registration Form
2009-2010**

Thank you for considering Red Thunder!

Player Information

First Name: _____ Last Name: _____

Street Address: _____

City/Town: _____

DOB: _____ Previous Club: _____

Are you looking to be a FT/PT Goalkeeper?: _____

Parent /Guardian Information

First Name: _____ Last Name: _____

Phone #1: _____ Email #1: _____

Phone #2: _____ Email #2: _____

General Release

I, the parent/guardian of the above-named player ("registrant"), a minor, recognize the possibility of physical injury associated with soccer and in consideration for the RUSC, Red Thunder, MYSA/USYSA accepting the registrant for its soccer programs & activities (the "program"), I hereby release, discharge and/or otherwise indemnify the RUSC, Red Thunder, MYSAS/USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on the behalf of the registrant as a result of the registrants participation in the.

PARENT/GUARDIAN NAME	PARENT/GUARDIAN SIGNATURE	DATE

Consent for Medical Treatment

I, the parent/guardian of the registrant, a minor, hereby give my consent for the emergency medical care prescribed by a duly licensed doctor of medicine, or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

PARENT/GUARDIAN NAME	PARENT/GUARDIAN SIGNATURE	DATE

Privacy Statement: Any personal information regarding the Youth Soccer Player indicated above that is requested by and provided to Red Thunder, will be used exclusively for the purpose of contacting and registering the same with respect to participation in the Youth Soccer Programs offered by Red Thunder and its affiliate, Reading United Soccer Club (RUSC).