ILLIANA FUTBOL CLUB TRYOUT REGISTRATION

Player Last Name	n
Player First Name	ILLIANA
Player Birth-year(BY)	PÉRBOL O
Player Tryout #	(-101)
Is individual current/active IFC player?	"Pursuing Life GOALS"
Initial: Yes; NO	_
Note: If player is current/active IFC player the below information is not required to be filled out unless i	
needs to be updated. Parent/guardian simply needs to sign below.	
Player Age and Birthdate (MM/DD/20??)	
Player Gender (Male / Female)	
Parent / Guardian Last and First Name	
Parent / Guardian Cell Phone Number #	
Parent / Guardian Alternative Phone #	
Parent / Guardian Primary Email	
Parent / Guardian Alternative Email	_
Parent / Guardian Address	
Parent / Guardian City and State	
Notes:	
I, the undersigned, as the minor's parent, guardian, or representative acknowledge, agree, and represent that I understand the nature of the Activity and that I am/ the minor is qualified, in good health and in proper physical condition to participate in such Activity fully understanding that athletic activities involve risk of body injury to include potentially permanent injuries. Understanding these risks I authorize the above named minor player to participate in these activities and hereby release and forever discharge and covenant not to sue the Releases, their parent, related, affiliated, and subsidiary companies, as well as the officers, directors, agents, employees, representatives, successors and assigns of each of the foregoing entities, and the schools, clubs, coaches, officials, administrators, members, volunteers, participants, sponsors, advertisers, and owners and lessors of premises on which the activity takes place, and any other party indemnified or associated with said Activity. I will indemnify, save, and hold harmless each of the Releases associated with Activity from ALL damages and expenses associated with Activity to include but not limited to medical, economic, or legal. This Agreement shall be governed by the laws of the State of Indiana and any legal action relating to or arising out of the Agreement shall be commenced exclusively in the Circuit Court of Lake County, Indiana (or if such Circuit Court shall not have jurisdiction over the subject matter thereof, then to such other court sitting in said county having subject matter jurisdiction).	

Parent/Guardian:______Date_____