



I hereby authorize the directors and staff of Springfield Area Soccer Assoc. (SASA) to act for me according to their best judgment in any emergency requiring medical attention for myself or my child (if under 18) and I hereby release SASA/Springfield FC, the directors, trainers, staff, and others related thereto and the soccer facilities from any and all liability for any injuries, accidents, and/or illnesses incurred while at tryouts. I the (athlete), will be responsible for any medical or other charges in connection with my own attendance. I know of no mental or physical problems that might affect my ability to safely participate in this tryout.

Parent/Guardian signature (If Under 18): _____

Player Signature: _____

Date: _____

Players Name: _____ Age _____

Address: _____

City: _____ Zip _____

Phone number: _____

Emergency# _____