

Madison 56ers NPSL Tryouts Registration Form

Wednesday, February 1st, 6:00-8:00 PM

Centinela, 5018 Blazing Star Dr. Madison WI

First Name: _____

Last Name: _____

Date of Birth: _____

Field position: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email: _____

I _____ certify that am in good health and able to participate in Madison 56ers NPSL Soccer Club tryouts. I authorize all first aid, medical, dental, surgical, diagnostic and hospital procedures as may become necessary during the tryouts. I hereby discharge, waive, release, hold harmless, and indemnify Madison 56ers NPSL Soccer Club, its board members, employees, volunteers, affiliated organizations, member organizations and sponsors, including the owners of the fields and facilities utilized during the tryouts of any and all liability that may arise from said participation, including but not limited to any injury. I acknowledge that I am responsible for any and all medical expenses due to my injury or illness. I understand that no one is authorized by Madison 56ers NPSL Soccer Club to alter, modify, or waive any of the terms of this agreement in any way. I acknowledge I have read and fully understand this medical consent, release, and waiver.

Date: _____ Signature: _____