



# FC CLEBURNE

## TRYOUT REGISTRATION 2018

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### PLAYER BIOGRAPHICAL INFORMATION: (complete all sections)

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |
| Last Name            | First Name           | Middle Initial       |                      |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Current Address      | City                 | State                | Zip                  |
| <input type="text"/> | <input type="text"/> |                      |                      |
| Phone Number         | E-Mail               |                      |                      |
| <input type="text"/> |                      |                      |                      |
| Date of Birth        |                      |                      |                      |

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### LAST CLUB / COLLEGE INFORMATION: (complete all sections)

(List last team, club, or youth club governed by FIFA regulations; NOT a college or university team)

|                               |                        |                            |   |
|-------------------------------|------------------------|----------------------------|---|
| <input type="text"/>          | <input type="text"/>   | <input type="text"/>       |   |
| Last Team / Club Participated | League                 | Country                    |   |
| <input type="text"/>          | <input type="text"/>   |                            |   |
| Date of Last Game Played      | Professional / Amateur |                            |   |
| <input type="text"/>          |                        | <input type="text"/>       |   |
| Name of College / University  |                        | Division                   |   |
| <input type="text"/>          | <input type="text"/>   | <input type="text"/>       | <input type="text"/>                      |
| Graduation Year               | Graduation Semester    | Current Eligibility (Y/N)? | Current Year in College (As of Fall 2018) |

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### TRYOUT INFORMATION: (complete all sections)

|                                      |                      |
|--------------------------------------|----------------------|
| <input type="text"/>                 | <input type="text"/> |
| Player Position                      | Current Injuries     |
| <input type="text"/>                 |                      |
| Payment Method (Cash, Check, Credit) |                      |

Please make checks payable to "CLEBURNE PDL, LLC"



## FC CLEBURNE ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I, the participant, HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH FC CLEBURNE ("PDL TEAM") and CLEBURNE PDL, LLC ("CLUB"), including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability including negligence.

In consideration of participation in the Club Activities and use of the facilities provided by the Club, I, and/or the Parent(s) and/or Guardian(s), if I am a minor, do hereby knowingly, freely, and voluntarily assume all risk and liability for any damage or injury to person or property that may occur as a result of my attendance in activities or use of any facilities provided by the Club, and do hereby release, discharge, and covenant not to sue the Club, its members, managers, employees and representatives, attorneys, and/or servants. I certify that I am physically fit, have sufficiently prepared or trained for participation in these activities, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in these activities.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the Club, and that it will govern my actions and responsibilities at said activities.

In consideration of my application and permitting me to participate in these activities, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from these activities, THE FOLLOWING ENTITIES OR PERSONS: FC Cleburne and Cleburne PDL, LLC and/or its members and/or its directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this Section from any and all liabilities or claims made as a result of participation in these activities, whether caused by the negligence of release or otherwise.

I acknowledge that FC Cleburne and Cleburne PDL, LLC, its directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that these activities may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activities. These risks are not only inherent to participants, but may be also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during these activities.

I understand while participating in these activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

\_\_\_\_\_  
Participant's Signature  
(Please print legibly)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature  
(If under 18 years old, Parent or Guardian must also sign)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date