

# Burke Athletic Club

## Tryout Waiver/Release

A player cannot tryout without submitting this completed form to the team's Coach or Manager.

PRINT Player Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Legal Guardian Name: (PRINT): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobil Phone: \_\_\_\_\_

Medicines Child is Taking: \_\_\_\_\_

Outstanding Medical History (ex. Diabetes, Heart Disease, etc.):  
\_\_\_\_\_

### Burke Athletic Club Parent Release and Indemnification Agreement

The undersigned parent and/or lawful guardian of the above named minor (player) hereby releases Burke Athletic Club ("Club"), its subsidiaries, agents, team managers, volunteers, assistants, team parents, sponsors, officers, directors, coaches and all other parties of interest from all claims and causes of action, including but not limited to, all damages of any kind which may arise from or out of the above named minor's participation in the Club's soccer program.

This release and indemnification includes release from any injury arising from any act of omission that may arise during any practice, game or event going to or coming from tryouts, practices, games, or events or any injury or damage arising from any related activity of the Club

Should any claim be made or any lawsuit be filed on account of any injury or damage to the above named minor (player) against a person or entity described above arising from any act of omission referred to above, the undersigned will indemnify and hold harmless the Club for any and all amounts incurred by the Club for damages, whether by settlement of judgment, as well as any amounts incurred by the Club for defending against any such claim or judgment, including all attorney's fees and costs incurred. I give my permission in my absence for Burke Athletic Club (Club) to exercise best judgment and its representatives to obtain any medical care deemed necessary. I will be responsible for all medical costs and medical care necessary in the event of any injury to the above named player.

\_\_\_\_\_  
Signature (Parent or Guardian)

\_\_\_\_\_  
Date