



PLAYER INFORMATION

PLAYERS NAME: _____

PHONE#:() _____ Age on Sept. 1, 2021: _____

Birthdate: _____

BIRTH CERTIFICATE: County _____ State _____

Players Address: _____

City: _____ State: _____ Zip: _____

Players Email: _____

Position: _____ Last Years Club: _____

Are you trying out OR tried out with another club this year?

YES _____ NO _____ What Club? _____

Parent/Guardian Name: _____

Home#: _____ Work#: _____ Cell#: _____

Email: _____

Parent/Guardian Name: _____

Home#: _____ Work#: _____ Cell#: _____

Email: _____

Emergency Contact (Not parent): _____

Home#: _____ Work#: _____ Cell#: _____

Email: _____



Wimberley Athletic Club 2214 Flite Acres Rd. Wimberley, TX 78676

WAIVER OF LIABILITY:

I attest that my child, _____'s Physical condition & fitness are adequate for a safe competition, that no doctor or other qualified individual has advised me against competing at tryouts, practices and tournaments. I understand that my child is participating on a voluntary basis. I hereby release any claim for damages that my child or I have against Wimberley Athletic Club (WAC) or Wimberley Independent School District (WISD), any of the officials, agents and/or representatives resulting from the negligence of said listed parties. I hereby fully authorize the hospital, EMS and/or the physician select by WAC or WISD designee to medically treat my child in my absence. I've read this form and understand that by signing this form, I'm giving up legal rights and remedies and agree that the terms of this waiver are binding on the child and me.

Parent/Guardian Signature:

Contact #: _____

Email: _____

Date: _____