



Tryout / Training Registration and Release from Liability Form

Trainee / Player Information (Minor)

Player Name: ----- Age: -----

Name of parent or Guardian: -----

Phone: -----

Address: -----

Email: -----

Signature of parent or Guardian ----- Date: -----

Medical Release / Disclaimer

I hereby register my child for participation in activities organized by LIONS UNITED FC. I waive any claims against the club owners, organizers, sponsors, supervisors, coaches, related personnel, and employees arising from injuries or illness during approved club training or activities. I confirm that my child has his/her own medical insurance policy, and I have taken all necessary steps to assess his/her physical readiness for training. I grant consent for my child to receive medical treatment for injuries or illness during their involvement in training and/or related activities.

LIONS UNITED FC utilizes its website and social media accounts to showcase and promote its programs, fostering participation in the sport of soccer. This may involve the use of photographs or videos featuring myself, my family and/or my child. I hereby authorize LIONS UNITED FC to publish such imagery on their sites without expecting consideration or fees.

Name of parent or guardian: -----

Signature of parent or guardian: -----

Date: -----