



Tryout / Training Registration and Release from Liability Form

Trainee / Player Information

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

Phone: -----

Address: -----

Email: -----

Medical Release / Disclaimer

I hereby enroll to participate in all 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 activities. I confirm that I possess my own medical insurance policy and have taken necessary steps to ensure my physical readiness for training. I grant consent to receive medical treatment for injuries or illness during my involvement in training and related activities.

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

Name of participant / player: -----

Signature of participant / player: -----

Date: -----