

**STRONGHOLD SOCCER CLUB**

**SSC TRYOUTS REGISTRATION**

[WWW.SSCSOCCER.COM](http://WWW.SSCSOCCER.COM)



Number \_\_\_\_\_

Color \_\_\_\_\_

Gender **B**  
**G** \_\_\_\_\_

Age **U-** \_\_\_\_\_

PLAYER'S NAME

STREET ADDRESS

TOWN / STATE / ZIP

HOME PHONE NUMBER

DATE OF BIRTH

CURRENT SOCCER TEAM

CUSTOMARY POSITION

MOTHER'S NAME

MOTHER'S CELL PHONE

MOTHER'S EMAIL ADDRESS

FATHER'S NAME

FATHER'S CELL PHONE

FATHER'S EMAIL ADDRESS

MEDICAL INSURANCE CARRIER

POLICY NUMBER#

SPECIAL MEDICAL CONSIDERATIONS

I, the parent/guardian of the above named player, a minor, hereby release and indemnify Stronghold Soccer Club (SSC), also known as Suburban Soccer Club, Inc., its respective coaches, trainers, officers, administrators, agents, representatives and volunteers, the owners of all facilities used in conjunction with SSC activities, NJYS and USYSA, from and against all claims, liabilities, damages or causes of action, including all medical claims, arising out of or in conjunction with the player's participation in SSC tryouts, training or any other activity conducted by the club. In the event of an emergency, SSC officials and representatives are hereby authorized to take such reasonable measures as are available for the welfare of the player in the absence of the parent or guardian.

GUARDIAN

NAME:

SIGNATURE:

DATE:

PLAYER

NAME:

SIGNATURE:

DATE: