
Last Name, First Name



ASSOCIATION FOOTBALL CLUB OF MOBILE, LLC PLAYER TRYOUT REGISTRATION

Please fill out this form completely and bring it with you to Tryouts. You must show identification and proof of health insurance to complete registration.

Registration Fee: Advance = \$15.00. (PayPal - afcmobilewanderers@gmail) Day of Tryouts: \$25.00 (Cash Only)

Last Name, First: _____ Age: _____ Birth Date: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Driver's License #: _____ State: _____ Email: _____
Please list any allergies or other medical conditions: _____

In an emergency, please contact the following:

Name _____ Home Phone: _____ Cell Phone: _____

Are you a U.S Citizen? Yes No If not, Country of Birth: _____ Immigration Status: _____

Soccer Experience: _____

Current/Previous Club(s): _____ Position(s): _____

Preferred Jersey # (Choose Three – No Guarantees): _____, _____, _____ Jersey Shirt Size: _____ Jersey Shorts Size: _____

Health Insurance Provider: _____ Health Insurance Contract/Policy # _____

Name on Policy: _____ Relationship to Insured: _____

LIABILITY WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT

I recognize the possibility of physical injury associated with soccer, and voluntarily accept and assume this risk as part of trying out for the AFC Mobile soccer team.

I hereby release, discharge, and otherwise indemnify Association Football Club of Mobile, LLC and its owners, officers, directors, volunteers, and manager; the City of Mobile, Alabama; and the employees and associated personnel of Herndon (Sage) Park, against any claim by or on my behalf, as a result of my participation in AFC Mobile Tryouts.

I here affirm that I am covered by an active health insurance policy.

Player's Signature _____ Date: _____

NOTE: Any player who is 16- or 17-years old and currently a graduating Senior in high school may tryout and possibly play for AFC Mobile. Any such player must provide the signature of his parent or legal guardian before being allowed to participate.

I, _____ [print name] give my approval for the youth player named on this form to compete on an adult team.

Parent's Signature (if necessary) _____ Printed Name: _____ Date: _____