



# PLAYER INFORMATION & PERMISSION FORM

## GAINESVILLE SELECT SOCCER CLUB

**PURPOSE** (CHECK ONE AND COMPLETE ASSOCIATED SECTIONS BELOW)

- Registration (II, IV)   
  Tryout (I, II, IV)   
  Permission to Practice with a GSSC team (II - IV)  
 Permission to Guest Play (II - IV)   
  Dual Registration<sup>①</sup> (II - IV)   
  Release<sup>①</sup> (II - IV)  
 Permission to Transfer (to or from a GSSC team)<sup>①</sup> (II - IV)

### I. HOLD HARMLESS AGREEMENT

My child (player) and I are aware that participating in soccer is a potentially hazardous activity. I hereby agree to assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of the weather, traffic and other reasonable risk conditions associated with the sport and hold harmless, team coaches and club officials, from any liability for negligence in the performance of their functions. All such risks to my child are known and appreciated by me. By my signature below, I agree to these conditions on behalf of my child (player) and execute this Hold Harmless Agreement to allow said child (player) to participate in this open tryout for a position on a Gainesville Select Soccer Club team.

### II. PLAYER & PARENT/GUARDIAN INFORMATION

Player Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Player's Soccer History:  Played YSI     Played YMCA     Other \_\_\_\_\_

Player Signature<sup>②</sup>: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ email: \_\_\_\_\_

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

Parent/Guardian Signature<sup>②</sup>: \_\_\_\_\_ Date \_\_\_\_\_

### III. TEAM & COACH INFORMATION

**TEAM AFFILIATION** (e.g., U10 BOYS/GSS)

Current Team/Club: \_\_\_\_\_

Prospective Team/Club: \_\_\_\_\_

**CURRENT COACH**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ email: \_\_\_\_\_

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

Signature<sup>②</sup>: \_\_\_\_\_ Date \_\_\_\_\_

**PROSPECTIVE COACH**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ email: \_\_\_\_\_

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

Signature<sup>②</sup>: \_\_\_\_\_ Date \_\_\_\_\_

### IV. OTHER RELEVANT INFORMATION

---



---



---

① – FYSA COS form must also be filed to complete transaction.

② – Signatures are required for completed sections.

**File original with the Club Registrar and a copy with each team involved. Failure to do so is a violation of Club rules and may result in a loss of Club membership.**