



IOWA SOCCER CLUB



ISC Tryouts/Clinics Form

Information Sheet for Summer 2009 Tryouts and Clinics

Player's Name _____

Player's Birth Date _____ Player's Current Age _____

Address _____

Soccer Club played for during the 2008-2009 season _____

Parent/Guardian's Name _____

E-mail _____ Home Phone _____

Parent/Guardian's Name _____

E-mail _____ Home Phone _____

Emergency Contact _____ Phone Number _____

How did you hear about the ISC? _____

I _____, (parent or legal guardian) hereby release the Iowa Soccer Club, Inc. and all associates, employees, volunteers, officials, and agents associated with this program and facility from any and all claims, liabilities, loss of services, and cause of action of any kind for personal injury and property damage arising in any way out of participation. I hereby authorize the supervisors of the ISC to act for me according to their best judgment in an emergency requiring medical attention. My daughter(s) or son(s) is fully covered by our personal family health plan in the event of sickness or injury.

Iowa Soccer Club

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