



PLAYER INFORMATION

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Country of Birth _____ USA Citizen Y ___ N ___

Contact Email: _____

Parent/Guardian (If U18): _____ Contact Phone: _____

Cell Phone: _____

Position: Field Player _____ Goalkeeper _____

Name of Current Club/Team/ College: _____

Tryout for PDL / W-League Team (Circle)

Shirt Size: S M L XL

Payment Method: (Tryout Cost \$50)

Check (#) _____ *Make checks or money orders payable to
"Fort Wayne Fever"*

Credit Card (#) _____ (Visa, MasterCard)

Name on Card: _____ Exp. Date: _____

Signature: _____

Mail Payment and Registration Form to:

Fort Wayne Fever
PO Box 373,
New Haven, IN 46774

Tel: 260-432-8783 ext 307
Email: scott@fwfever.com

Please keep a copy of this form for your files.

I certify that I am in excellent physical health, and may participate in strenuous and hazardous activities, including the soccer to be played at a camp or tryout. I certify that there are no physical limits to my (child's) participation in the camp or tryout. Permission is granted for me/ child to receive emergency medical treatment if needed. I hereby release and discharge the Fort Wayne Fever, and all their affiliated entities from any and all liability, claims demands, and causes of action for personal injury, property damage, and/or loss suffered by myself or child in connection with my/his/her participation in the camp or tryout.

I represent that I am the parent/guardian of the minor named above and I agree that the grant and release contained therein binds the minor and me to all of its terms.

Parent/Guardian Signature or Participant _____

Date _____

For Office Use Only: Date Received _____ PDL ___ WL ___

Payment Processed _____