

# Northern Triad Soccer Club

## Application/Tryout Liability Release Form

PLEASE PRINT CLEARLY

PLAYER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

PHONE: \_\_\_\_\_ SEX: \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_

JERSEY SIZE: YOUTH S M L / ADULT S M L XL

MEDICAL  
REPORT: \_\_\_\_\_

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**Fee - \$25 which includes a tryout t-shirt**

**Please check which division.**

Challenge [  ]      Classic [  ]      U10 Academy [  ]      (Girls/Boys) Circle One

MAKE CHECKS PAYABLE TO: NTSC  
PO Box 1529  
King, NC 27021

TEAM YOU WILL BE TRYING OUT FOR: U10 U11 U12 U13 U14 U15 U16 U17 U18

I, as legal parent or guardian, hereby give permission for \_\_\_\_\_ to participate in a Northern Triad Soccer Club tryout for eligibility on a NTSC soccer team. I hereby release and forever discharge NTSC, and its coaches, agents and the owners of any fields used during this tryout from all liability for any personal; injury or illness, damage or loss incurred while participating in the tryout process. In the event I cannot be reached in an emergency, I hereby grant permission to the NTSC Executive Board members or designated representative, to secure treatment for the above named person.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_ Relationship: \_\_\_\_\_