



READING UNITED A.C. SUPER 20 AND PDL TRYOUT & PARTICIPATION WAIVER FORM

PLAYER/CONTACT INFORMATION (Please Print)

Check one: PDL U20 EITHER*

Players Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Mobile: _____

Current & Former Team(s) (Club, HS, College, etc.): _____

Positions Played: _____

Notes/Addl. Information: _____
*If Under 20 eligible, are you willing to play on either PDL and/or U20, if accepted? Please indicate in notes section.

Emergency Contact(s): Name: _____ Phone 1: _____ Phone 2: _____
Name: _____ Phone 1: _____ Phone 2: _____

MEDICAL INFORMATION

Allergies: _____

Other Medical Conditions: _____

Physician: _____ Phone: _____

Medical and/or Hospital Insurance Company: _____ Phone: _____

Policy Holder: _____ Policy Number: _____

Player/Parent Approval and Medical Release

In consideration of being allowed to participate in any way in Reading Rage/Berks Soccer Academy Tryouts and related events and activities, the undersigned:
1. Player (or parent(s) and/or legal guardian(s) will instill in the minor participant) agrees that prior to participating, he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate;
2. Acknowledge and fully understand that each Participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence but the actions, inactions or negligence of other, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time;
3. Assume all the forgoing risk and accept personal responsibility for the damages following such injury, permanent disability or death;
4. Release, waive, discharge and covenant not to sue the Reading Rage or Berks Soccer Academy, its affiliated teams, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are herein-after referred to as "Releases", from any and all liability to each of the undersigned, his or her heirs, and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the Releases or otherwise.
I/We have read the above WAIVER AND RELEASE; understand that we HAVE GIVEN UP SUBSTANTIAL RIGHTS by signing it and hereby sign it voluntarily.

Player Signature: _____
Parent Signature: _____
(if player under 18)

OFFICIAL USE ONLY – DO NOT FILL OUT

Team ID _____ Color _____ Number _____

