



SEATTLE SYNERGY



Registration Form for the Seattle Synergy FC Open Tryouts

www.seattlesynergyfc.com

* To be eligible for early registration please submit the registration form and payment to Seattle Synergy FC, PO Box 3051, Issaquah WA 98027. Before Feb 20th 2009. You may submit your registration via email to seattlesynergyheadcoach@live.com payment by mail and all must be postmark by Feb 20th 2009!

Registration fees: \$50.00 pre-registration/\$60.00 day of tryout (ONLY CASH OR MONEY ORDERS ACCEPTED PAYABLE TO Seattle Synergy FC)*

DATE: _____

First Name: _____ Last Name: _____

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

Phone: _____ Cell: _____ Email: _____

Position Played: _____ Height: _____ Weight: _____

Previous Soccer Experience: (if needed, additional pages may be added) ie Club, College Amateur League, Pro League.

Injury/Medical Care Waiver, release & Indemnity Agreement Release Executed by _____ (print name) of _____ (city/state) herein referred to as the "Releaser." In consideration of being permitted to participate in the auditions being conducted for the purpose of organizing an amateur soccer team in Seattle, WA under the auspices of the Women's Premier Soccer League, Releaser, for herself, her spouse, legal representatives, heirs, and assigned hereby releases, waives and discharges the Women's Premier Soccer League and the Seattle Synergy FC, their officers, owners, members, sponsors, promoters, employees, lesser, successors, volunteers and the facilities where these auditions will be held, and assigned and each of them collectively referred to as "Releases," from all liability to Releaser, her spouse, legal representative, heirs, and assigns for any all loss, damage and any claim and damage resulting there from on account of injury to Releaser's person or property; even injury resulting in the death of Releaser, whether caused by the negligence of Releases or otherwise Releaser agrees to indemnify Releases and each of them from any loss, liability, damage or cost they may incur due to the presence of Releaser in or upon the premises where such auditions are conducted whether caused by the negligence of the Releases otherwise. Releaser hereby assumes full responsibility for the risk of bodily injury, death, or property loss or damage due to the negligence of Releases or otherwise while in or upon said premises and while competing, officiating in, working, or for any other purpose participating in such activity. Releaser expressly agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the law of the state of Washington, and that if any portion thereof is held invalid, it is agreed that the balance shall; notwithstanding, continue in full legal force and effect. Releaser further releases all officials and professional personnel from any claim whatsoever on account of first aid treatment or service rendered to the Releaser during the participating of such activity. This release constitutes the entire agreement between the parties hereto and the terms of this release are contractual and nor a mere recital. Releaser further states that she has carefully read the forgoing release and knows the contents thereof and signs this release, her own free act.

Releaser _____ Date: _____