



2010 STATE GAMES OF NORTH CAROLINA JUNIOR/SENIOR SOCCER SHOWCASE TRYOUT REGISTRATION FORM

PLAYER INFORMATION (Please type or print clearly)

Sex: _____ Male _____ Female Region (see map): _____

_____ / ____ / ____
Last Name Preferred First Name MI Birthdate Age

_____ NC _____
Address City Zip Code

() _____
Home Phone Email Address (For registration confirmation, tryout cancellation notices, changes due to inclement weather, etc.)

ACADEMIC/ATHLETIC INFORMATION (This information will be included in the scout packets.)

_____ High School Name

_____ Year of Graduation _____ GPA _____ SAT Total _____ ACT _____ Height _____ Weight _____ Primary Position _____ Secondary Position

_____ Club/Recreational Team and Coach

There is a \$10 application fee for all players to register for tryouts and an additional \$25 for players that make the State Games. All players must register on or before March 26 for tryouts on the State Games Web site (www.ncsports.org) with MasterCard or Visa. If you are not able to register online with a credit card, you must complete this form and send the form and your \$10 application fee to: State Games, Dept SC-HS, 406 Blackwell St – Suite 120, Durham, NC 27701. Form and \$10 fee must be received in the State Games office on or before March 26. Check the State Games Web site frequently for cancellations or updates on tryouts. Fees are non-refundable.

EMERGENCY CONTACT (Please type or print clearly)

_____ () _____ () _____
Name Home Phone Cell Phone

MEDIA INFORMATION (List any of your newsworthy accomplishments...add extra sheets if necessary)

**Players must sign the Agreement to Participate on the reverse side of this page to try out.
If the Player is under 18 years old a parent or guardian must also sign the back page.**

AGREEMENT TO PARTICIPATE (This section MUST be signed)

In consideration of being allowed to participate in any way in the STATE GAMES OF NORTH CAROLINA athletic/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS NORTH CAROLINA AMATEUR SPORTS, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____
 PRINTED NAME OF PARTICIPANT PARTICIPANT'S SIGNATURE DATE

FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X _____
 PARENT/GUARDIAN'S SIGNATURE EMERGENCY PHONE # DATE

Office Use Only: Date: _____ Check No. _____ Amt. _____ ATP? _____ Initials _____