

Northern Soccer Club  
Player Information Form  
(please print clearly / imprima por favor)

**Last Name** (apellido): \_\_\_\_\_ **AGE BRACKET:** U- \_\_\_\_\_

**First Name** (nombre): \_\_\_\_\_ **SEX (sexo):** M F

**Date of Birth (month/day/year):** \_\_\_\_\_  
(fecha de nacimiento, mes/día/año)

**Address** (dirección): \_\_\_\_\_

**City** (ciudad): \_\_\_\_\_ **State** (estado): \_\_\_\_\_ **Zip Code** (código): \_\_\_\_\_

**Telephone** (teléfono): (home) \_\_\_\_\_ (cell) \_\_\_\_\_

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

**Playing Experience** (experiencia cómo jugador):

Previous Northern team & year/age: \_\_\_\_\_  
(Equipo anterior con el club y año/edad):

Do you intend to play high school soccer this Fall 2008: Yes No  
(intentará a jugar al fútbol escolar el otoño de 2008)

Do you intend to play another high school sport in Spring 2009: Yes No  
(intentará a jugar a otro deporte escolar en la primavera de 2009)

Waiver form: I understand that soccer is a physical activity that has certain inherent risks that could result in physical harm and, in extreme cases, death. I understand the risks involved and I hereby release the NSC and its employees from any and all liability for any physical injuries or illness that may occur to the above named player while attending the NSC tryouts. I have no knowledge of any physical impairment that would be affected by participation. I also verify that the above named player is covered by my personal medical insurance policy. Furthermore, I hereby authorize the staff to act for me according to their best judgment in any emergency requiring medical attention.

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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(office use only/solamente para el uso de la oficina)

Team \_\_\_\_\_

NMYSA Form \_\_\_\_\_ Copy of Birth Certificate \_\_\_\_\_ 1 x 1 Photo \_\_\_\_\_

Email Address added to NSC List \_\_\_\_\_