HIGHLAND PARK SOCCER ACADEMY

Inquiry Form

Office Use Only
Tryout Team:

Player Attendance:

*** Are Required Fields**

Player First Name *

Player Last Name *

Address Line 1 *

Address line 2 *

City *

State *

Zip *

Date Of Birth *

Gender * Male Female

Player School

Grade

Current Team

Medical Condition

Phone Number

Mobile Number *

PARENT INFO

Parent First Name *

Parent Last Name *

Parent Phone Number *

Parent Email Address *

EMERGENCY INFO

Emergency Contact Name

Emergency Contact Phone

INTERESTED IN PARTICIPATING IN	Fall	Summer	Winter	Spring
Summer Camp	☐	☐	☐	☐
Skills	☐	☐	☐	☐
Join a Team	☐	☐	☐	☐

LIABILITY RELEASE: I, the parent/guardian of the above named "Player", a minor, agree that the Player and I will abide by the rules of the HPSA Scots, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for HPSA Scots accepting the Player for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the HPSA Scots, its affiliated organizations and sponsors, their employees, associated personnel and volunteers as a result of the Player's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. I further grant HPSA Scots the right to use my electronic signature, the player's name, pictures and /or likeness in printed, broadcast, and other material concerning the Programs provided such use is related to the Player's status as a participant in the Programs.

CONSENT FOR MEDICAL TREATMENT (MINOR): I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Liability Release and Consent for Medical Treatment

Approving Parent/Guardian Name

Approving Parent/Guardian Signature*