

Current Legaz
Jersey Number
(returning player)

Birth year

LEG-A-Z SOCCER ACADEMY

Competitive Youth Soccer Tryouts

Tryout date: _____ **New player or Returning player (circle one)**

Technical Director: Basil Benjamin, USSF A License, FA International License

Parent/Guardian APPROVAL: in consideration of the acceptance of my child or ward to participate in the soccer program offered by Leg-A-Z Spots Academy, Inc., I agree, on behalf of my child or ward, to assume the risks incidental to such participation (which may include, among other things, muscle injuries and broken bones) and, on my own behalf, and on behalf of my child or ward, and on behalf of me and my child's or ward's heirs, executor and administrators, release and forever discharge Leg-A-Z Spots Academy, Inc., its officers and its agents, of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with the participation of my child or ward in such activity, and further agree to indemnify and hold Leg-A-Z Sports Academy, Inc., its officers and its agents harmless against any and or all such liabilities, claims, actions, damages, costs or expenses, including, but not limited to, attorney's fees and disbursement so. I understand that this release and indemnity agreement includes any claims based on the negligence, action or inaction of any officers or agents of Leg-A-Z Sports Academy, Inc., and covers bodily injury (including death) and property damages, whether suffered by my child or ward, before, during, or after such participation. I declare that my child is physically fit and has the skill level required to participate in the activities of the Leg-A-Z Sports Academy, Inc. I further authorize medical treatment of my child or ward, at my cost, if the need arises.

Signature of Parent/Guardian: _____ **Date:** _____

Player name (please print): _____ **DOB:** _____

Parent/Guardian name: _____

Physical address: _____

Mailing address (if different): _____

Home number: _____ **Work number:** _____

Cell number: _____

Email: _____

Leg-A-Z Soccer Club P.O. Box 141656 Gainesville, FL 32614 Phone:(407) 435-7504 email: khunum2000@hotmail.com

For more than 20 years, Leg-A-Z Soccer has provided high level coaching in a player-friendly environment. Area players who have participated in Leg-A-Z teams and camps are those who have had the most success in high school and college. Leg-A-Z has produced more "players of the year", all state players, ODP players and all-area players than any other single group of its kind in the area. Leg-A-Z has also produced US National Team players along with professional players. Our unique integration of skill and tactical understanding contributes greatly to our players' success. For more details, visit www.legazsoccer.net. Can't make tryouts? A tryout can be arranged at our Leg-A-Z's summer camps. Visit our website or call Basil at (407)435-7504 for arrangements.

Please wear white T-shirt, cleats, and shin guards. Bring a well marked soccer ball, water and this completed form.