

MOTOR CITY EVOLUTION TRYOUT WAIVER



Player Name: _____ Team trying out for: ___Boys 4th ___Boys 5th

Parent/Guardian (1): _____ Mobile #: _____

Parent/Guardian (1) e-mail: _____

Medical conditions coaches should be aware of: _____

WAIVER: I understand that I am placing my child in a program that involves the risk of physical injury. I hereby release, indemnify and hold harmless Motor City Evolution, Franklin Athletic Club, their officers and officials, employees and coaches in regard to injury, disability or death that may occur from participation. By signing this waiver, I acknowledge that I have listed all medical information that may influence the safety and/or treatment of my child. As well, I understand that the parties listed above are not responsible for lost, damaged or stolen items during the season. I am aware that all team fees are non-refundable and that I am responsible for all travel costs associated with playing for Motor City Evolution.

Parent/Guardian Signature: _____ Date: _____

MOTOR CITY EVOLUTION TRYOUT WAIVER



Player Name: _____ Team trying out for: ___Boys 4th ___Boys 6th

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