



Manteca Futbol Club

Tryout Application

MFC Use Only	
Birth Year: _____	B G
Tryout # _____	

How did you hear about Manteca Futbol Club? _____

Player's Personal Information:

Name: _____ D.O.B. _____

Address: _____ City: _____ Zip: _____

Father's Name: _____

Home Phone: _____

eMail Address: _____

Cell Phone: _____

Mother's Name: _____

Home Phone: _____

eMail Address: _____

Cell Phone: _____

Player's Team/Club Information:

Current/Last Team: _____ League/Club: _____

Competition Level (circle one): Recreational Competitive # Years Played: _____

Injuries/Medical Conditions: _____

Comments: _____

MEDICAL TREATMENT AUTHORIZATION, LIABILITY WAIVER & PHOTO AUTHORIZATION

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify Manteca Futbol Club (MFC), and associated personnel, against any claim by or on behalf of the player named above as a result of that player's participation in Tryouts and related competition.

I hereby authorize MFC has my permission to photograph the player named above for the purpose of identification during Tryouts, and/or website publication (player name and personal information will not be published).

Name (Parent/Guardian) _____

Signature _____ Date _____