

New Orleans Jesters 2013 Open Tryout Registration Form

Saturday, April 6th
 9:00AM
 10:00 AM – Noon
 2:00 PM – 4:00 PM

Check-in/Registration Training Session Practice Match

Tad Gormley Stadium (City Park)

Mail Registration:Jesters Tryouts, PO Box 9047, New Orleans, LA 70055Registration Fee:\$30 made payable to "New Orleans Jesters" (Cash /Checks)\$40 if registration is received after April 1st.

<u>FOR</u>	OFFICE USE ONLY			
Postmark Date				
Player #				
Fee Paid \$				
	US Citizen/Green Card			
	International			
	Over-Age			
_	U23			
	U20			

PLAYER INFORMATION

Address						
Date of Birth		Email Address				
Cell Phone		Home or Work Phone				
Height	Weight	Age		Position		
US Citizen? If not a citizen, do you have		Current Playing Status				
US Citizen?	If not a citizen, do you have		Current Playing	Status		
US Citizen? (Circle One) Yes No	If not a citizen, do you have a green card? (Circle One)	Yes No	Current Playing (Circle One)	Status Amateur	Pro	
(Circle One) Yes No					Pro	

First Name

RELEASE AND HOLD HARMLESS

Adult participant, parent or legal guardian of youth player ("Participant"), must read this waiver form. Signature on this form signifies that Participant has read, understands and abides by this information. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rule, equipment and personal discipline may reduce this risk, the risk of serious injury does exist. I, the Participant, knowingly and freely assume all such risks, both know and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS the New Orleans Jesters, NOLA Jesters, LLC, Samson LLC, NOLA Soccer Academy, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers and if applicable, owners and lessors of the premises used to conduct the event ("Releases"), with respect to any and all injury, disability, death or loss damage to person or property, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law.

I hereby certify that I am in good health and am able to participate in all activities, and any medical deficiencies have been noted below. If any medical attention is required for illness or injury, I hereby give my consent to have an athletic trainer, medical doctor, nurse, hospital or clinic provide me with medical assistance and/or treatment, and agree to be responsible financially for the cost of such assistance and/or treatment.

I, THE UNDERSIGNED, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCMENT.

Player's	Name	(print)
----------	------	---------

Player's Allergies &/or Medical Conditions Emergency Contact (Name) Emergency Contact (Phone #) Health Insurance Co. Policy

Signature of Player:	Date:
Signature of Parent (if player is under 18):	Date:

GENERAL INFORMATION

• Each registration requires the following to be deemed complete:

- Fully executed registration form (including waiver)
 - Registration fee
 - Recent photo (headshot)

For more information, please contact <u>info@nolajesters.com</u> or 504-312-3979.

www.nolajesters.com