



SSU TRYOUT/ASSESSMENT WAIVER

Player Name: _____

Gender (M/F): _____

Player Birth Year (e.g. 2001): _____

Contact Phone #: _____

Contact Email: _____

In consideration of being permitted to participate in the South Simcoe United FC Tryout/Assessment, I (player name) _____ agree to hold South Simcoe United FC, its members, officials and coaches harmless from all claims, damage, injuries however caused, whether by negligence or otherwise. On signing to participate in the South Simcoe United FC Tryouts/Assessments, I agree to abide by the rules of the Ontario Soccer Association, Huronia District Soccer Association and South Simcoe United FC.

PLAYER SIGNATURE or PARENT/GUARDIAN (if a Minor)

DATE

Note: Parent/Guardian must sign for players under the age of 18.