



# COERVER<sup>®</sup> COACHING

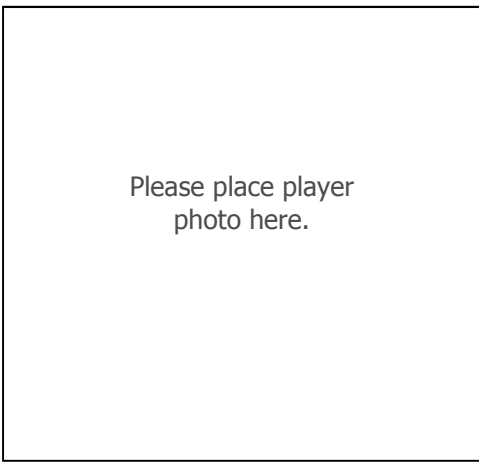
## Centers Of Excellence

### Player Tryout Form

Form must be completed before a player can tryout



Please make sure you fill in as much information on the form as possible. Before submitting this form, you will need to attach a player photo (headshot), a copy of the players birth certificate, and payment for the tryouts of \$30.00. Mail completed form and payment to Coerver Coaching, 13007 4th Ave So, Seattle, WA 98168 or bring with you to the tryouts. Contact us at 206.243.3984 or coe@coervercoachingnw.com



#### Student Information

Name \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Club Name \_\_\_\_\_ Team Name \_\_\_\_\_

Age Level U- \_\_\_\_\_ Years Playing \_\_\_\_\_ Current Coach \_\_\_\_\_

Other Sports/Hobbies \_\_\_\_\_

#### Other Information

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alt. Emergency (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Has this student previously been enrolled in the COE Program? Yes / No If yes, what year \_\_\_\_\_

Medical Conditions or allergies to which we should be alerted \_\_\_\_\_

How did you learn about Coerver Coaching (If word of mouth, from whom?) \_\_\_\_\_

Has anyone in your family previously been enrolled in a Coerver Program? Yes / No If yes, approximate date/year \_\_\_\_\_

#### ASSUMPTION OF RISK - WAIVER OF LIABILITY - MEDICAL AUTHORIZATION

I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to tumbling and soccer. Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any and all Coerver Coaching NW programs and activities and I ACCEPT ALL RISKS associated with this participation.

In consideration for my or my child(ren)'s participation I hereby, for myself and my child(ren) and our respective heirs and successors, COVENANT NOT TO SUE and FOREVER RELEASE Coerver Coaching NW, its officers, directors, shareholders, employees, contractors and volunteers from all liability resulting in damages or injuries incurred as a result of participation including those resulting from acts of negligence.

In any event of an accident or emergency I hereby authorize my child to be transported to a hospital for medical treatment and I hold Coerver Coaching NW, and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide all medical expenses which may be incurred by myself or child(ren) as a result of any injury sustained while participating in a Coerver Coaching NW program.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

PARENT/LEGAL GUARDIAN's signature \_\_\_\_\_ Date \_\_\_\_\_