



APPLICANT #:

FOR OFFICIAL USE ONLY:

TEAM PLACED ON:

NOTIFIED ON:

SPOKE WITH:

NOTIFIED BY:

TRYOUTS/PLACEMENTS

Please print clearly and provide the best phone number for us to contact you

NAME: _____ DOB (MM/DD/YY): _____ GENDER: MALE FEMALE

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BEST CONTACT PHONE #: _____ EMAIL: _____

PARENT'S (LEGAL GUARDIAN'S) NAME: _____

WHAT SCHOOL WILL YOUR CHILD ATTEND IN THE FALL?: _____

	YES	NO
Would you like to be considered for Premier? (only for U13 & above)	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently belong to a HYSA club?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, what is the name of the club and the name of your team? _____		
Will Summer 2022 plans interfere with club travel (ie family vacation, summer school, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
I can commit to traveling during the summer and will help with fundraising.	<input type="checkbox"/>	<input type="checkbox"/>
I am able to show RESPECT for my coaches, teammates, and parents. <small>(by checking "YES" we agree to follow the rules of the club and agree to be upstanding representatives of Leahi Soccer Club. We understand that failure to do so may lead to dismissal from the team and club.)</small>	<input type="checkbox"/>	<input type="checkbox"/>
I would like to be considered to play up an age group. <small>(all requests to play up an age group will be reviewed and approved on an individual basis by the Leahi Soccer Club's Coaches Committee)</small>	<input type="checkbox"/>	<input type="checkbox"/>

WAIVER OF LIABILITY

I, _____, parent or legal guardian of the above named participant, hereby agree to release, indemnify, and hold harmless, the Leahi Soccer Club, the Hawaii Youth Soccer Association, the City and County of Honolulu, and the State of Hawaii and/or their representatives from any claim arising out of any injury to named participant.

Signature of Parent or Legal Guardian

Date