



Kalamazoo Outrage  
PO BOX 19293  
Kalamazoo, MI. 49019

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| PDL | W League |
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Circle try-out you are attending

**TRYOUT REGISTRATION FORM**

[www.kalamazoooutrage.com](http://www.kalamazoooutrage.com)

**Player information**

Name: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Players Email: \_\_\_\_\_

Are you a United States Citizen? Yes or No (circle one)  
If not, do you have a green card? Yes or No (circle one)

Playing Experience (include team/league/division/years played)

College Experience (include college name/division/years played)

Emergency Contact Information: \_\_\_\_\_  
Name Phone #

**WAIVER AND RELEASE OF LIABILITY:**

In case of medical emergency, I authorize that Kalamazoo Outrage attempt to contact a family member at the telephone number listed above. If they cannot be reached, I hereby give my permission to Kalamazoo Outrage to secure my medical treatment. The person enrolling in the Kalamazoo Outrage combine / tryout or their parent/guardian assumes all risk of loss of property or injury to the person, including injuries resulting in death caused by or incidental dangers associated with soccer activities and agree that there are certain inherent dangers related to soccer participation and therefore agree to hold Kalamazoo Outrage, it's owners, officers, coaches, managers, employees and Soccerzone liable for any injuries. I acknowledge that Kalamazoo Outrage carries no insurance for players and that I am free to seek individual insurance from an independent insurance agent.

Signature of player: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
if player is under 18 years of age