



2007 Capital City Streaks Tryouts

When: June 5th - 9th

Times: Tuesday, Thursday 5:30-7:30pm & Saturday 8:00am-10:00am under13 and below
Wednesday, Friday 5:30-7:30pm & Saturday 10:30am-12:30pm under 14 and up

Attendance is mandatory for all dates

Age as of August 1, 2007

Age Groups for 2007

Under 10	8/1/97 and younger	Under 11	8/1/96 – 7/31/97	Under 12	8/1/95 - 7/31/96
Under 13	8/1/94 - 7/31/95	Under 14	8/1/93 - 7/31/94	Under 15	8/1/92 - 7/31/93
Under 16	8/1/91 - 7/31/92	Under 17	8/1/90 - 7/31/91	Under 18	8/1/89 - 7/31/90

Cost: \$20

2007 Capital City Streaks Soccer Tryout Form

Date: _____ (Circle One) **Girls** **Boys**

Tryout Age Group (Must tryout in your appropriate age group)

Tuesday, Thursday, Saturday: ___ Under 10 ___ Under 11 ___ Under 12 ___ Under 13

Wednesday, Friday, Saturday: ___ Under 14 ___ Under 15 ___ Under 16 ___ Under 17 ___ Under 18

Name: _____

Home Phone: _____ Alternate #: _____

Parents: _____ Parents Date of Birth: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Age as of August 1, 2007 _____

I hereby give my permission for my child or ward to participate in the specific activities described on the reverse side of this card ("activities"). I understand that the activities are inherently risky and potentially hazardous, and as a result, I accept full responsibility for, and risk of, injury to my child or ward for loss or damage to his or her property that may result from his or her participation therein. I, for and on behalf of myself and my child or ward, hereby release, waiver, and covenant not to sue the Young Men's Christian Association of Montgomery, Inc., and its directors, officers, employers and agents (collectively the "Releases") from all claims, demands, damages, losses or causes of actions arising from any injury to my child or ward or loss or damage to his or her property that may occur while my child is participating in the activities. I further indemnify and hold harmless the Releases from all loss, liability, damage, or cost that may incur due to my child's or ward's participation in the activities.

In the event of injury, I authorize the Releases to provide or cause to provide such medical care and treatment to my child or ward as may be necessary and appropriate. I understand that I am solely responsible for all costs incurred for such medical care or treatment. I hereby give my permission to the Releases to use indefinitely, without limitation or obligation, photographs, film footage, or tape recordings which may include my child's or ward's image or voice for the purpose of promoting or interpreting YMCA programs and activities.

I have read and voluntarily signed this agreement and agree to be bound by its terms.

Parent's or Guardian's Signature: _____ Date: _____