



PORTLAND TIMBERS

ODP/RTC TRYOUT WAIVER

Tryout Location: _____ Gender: M / F Birth Year: _____

Tryout Date: _____

Player Name: _____ Birth date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Emergency Phone: _____

Parents: _____

Jersey Size: _____ Short/Pant Size: _____ Jacket Size: _____

Tryout Liability and Health Information

I the undersigned, hereby certify that I am the parent or legal guardian of the tryout player. I hereby give permission for the staff of the tryout to seek appropriate medical attention and for medical attention to be given in case of accident, injury or illness. In addition, I will be responsible for any and all costs of medical attention and treatment. I the undersigned, for myself, my family and heirs, waive, release and forever discharge the Timbers Youth Department and organization, officers and representatives, from any and all liability, claims, demands or actions whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur during participation in tryouts, training, travel or games during the Timbers ODP/RTC season. I also understand that the Timbers ODP/RTC program retains the right to use photographs of players taken during the season for publicity and advertising purposes.

Parent or Guardian Signature X _____ Date: _____

For any Tryout Information, contact Erik Lyslo at elyslo@timbers.com