



Goshen Travel Soccer Program

Consent to Train or Tryout for Goshen Soccer Club

Players Name: _____

I hereby give my permission for my son/daughter named above to tryout, practice, train and/or play with a Goshen Soccer Club team. In consideration of his/her being permitted to participate, I agree to hold harmless from any liability Goshen Soccer Club, East Hudson Youth Soccer League, the Eastern New York Youth Soccer Association, the United States Soccer Federation, U.S. Club Soccer and all affiliates thereof and all facilities at which these teams practice or play games. I also agree to hold harmless from any liability any Goshen Soccer Club coach, assistant, officer, director, trustee or agent of any of them. I attest and verify that my son/daughter is physically fit to participate and to play soccer.

Signature of Parent

Date