



# Alliance Soccer Club Tryout Registration Form 2011-2012

Tryout  
Number

**Age group of participant: Please check appropriate box:**

<input type="checkbox"/> <b>U18 –</b> 8/1/93 thru 7/31/94	<input type="checkbox"/> <b>U17 –</b> 8/1/94 thru 7/31/95	<input type="checkbox"/> <b>U16 –</b> 8/1/95 thru 7/31/96	<input type="checkbox"/> <b>U15 –</b> 8/1/96 thru 7/31/97	<input type="checkbox"/> <b>U14 –</b> 8/1/97 thru 7/31/98	<input type="checkbox"/> <b>U13 –</b> 8/1/98 thru 7/31/99
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**How did you find out about our tryouts? Please check all appropriate boxes:**

<input type="checkbox"/> Newspaper advertisement <input type="checkbox"/> Flyer received from school <input type="checkbox"/> MOSSL Tryout Magazine <input type="checkbox"/> Current/former player in the club	<input type="checkbox"/> Friend playing in the club <input type="checkbox"/> Sign in the community <input type="checkbox"/> Club's website <input type="checkbox"/> Other: _____
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**PLEASE PRINT ALL ANSWERS LEGIBLY**  
**Player Information**

Player's Name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Circle One:    Male      Female  
month      day      year

School attending this coming fall: \_\_\_\_\_

**Parent/Guardian Information**

**If your child resides at more than one address, please provide the address where correspondence (newsletters, billing statements, etc.) should be sent – one address only, please! **Phone numbers provided will be used to contact player's family regarding roster decisions on the Sunday afternoon following the tryouts dates – please be sure to write phone numbers legibly!****

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Phone #'s:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_ / (\_\_\_\_) \_\_\_\_ - \_\_\_\_

E-Mail Address: \_\_\_\_\_

**PLEASE READ AND COMPLETE OTHER SIDE OF THIS FORM.**

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## **ANNUAL COMMITMENT AND DEPOSIT STATEMENT**

Players who are selected and agree to play for an Alliance Soccer Club select team are members of their team for a period of one year, beginning July 1, 2011 and ending June 30, 2012. Please make certain that you and your child are prepared to make this ANNUAL commitment PRIOR TO accepting a position on a team. A non-refundable deposit of \$200.00 is due upon acceptance of a roster position; please see the "Fundraising & Volunteering" handout for information on how this initial deposit can be returned through volunteering at the concession stand.

## **CONSENT FOR MEDICAL TREATMENT AND LIABILITY WAIVER**

We encourage all parents of tryout participants to remain at the tryout location throughout the duration of the event. Realizing, however, that this may not happen, we require the following Consent for Medical Treatment and Liability Waiver be initialed, along with a signature at the bottom of this page, prior to a player receiving a tryout number:

### **Consent for Emergency Medical Treatment**

As the parent or legal guardian of the player named on the reverse side of this form, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

Parent's/Guardian's Initials: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### **Liability Waiver**

Recognizing the possibility of physical injury associated with soccer and in consideration for the Alliance Soccer Club accepting the registrant as a participant in its tryouts, I hereby release, discharge and/or otherwise indemnify the club, its affiliated organizations and facilities utilized for the tryout against any claim by or on behalf of the registrant as a result of the registrant's participation in the tryout and/or being transported to or from the same, which transportation I hereby authorize.

Parent's/Guardian's Initials: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## **ACKNOWLEDGEMENT AND CONSENT**

As the parent or guardian of the player named on the reverse side of this form, by signing below, I am (1) indicating that I understand and acknowledge the Annual Commitment and Deposit Statement, (2) providing my consent for Emergency Medical Treatment, and (3) waiving liability during the tryout process.

Parent's/Guardian's Signature: \_\_\_\_\_

**When this form is completed (both front and back), please give it to a tryout volunteer in order to receive a tryout number for your child.**