

SCCPFC Tryouts

PLAYER INFORMATION

Date: _____

Name: _____
Last Name First Name

Address: _____
Street Address

City State Zip

Parents Names: _____

Home Phone: _____ **Work Phone:** _____

E-mail Address: _____

Date of Birth: _____ **Grade in School:** _____
Month/Day/Year

Number of Years playing Soccer: _____

Level of Play: Select Competitive Recreation

Previous Team: _____ **Age Group:** _____

Coaches Name: _____ **Phone Number:** _____

Positions Played: _____

Are there any special medical conditions that the coaches should be aware of when working with this athlete? _____

Parent / Guardian permission for participation

I / we do hereby give our permission for my / our daughter _____ to participate in tryouts for the Class 1 soccer team at the under _____ girls age group. I / we realize that such participation involves the potential for injury which is inherent in all sports. I / we acknowledge that even with the best coaching, the use of the best safety equipment and strict observance of the rules, injuries are still a possibility. I / we acknowledge that I / we have read and understand the warning presented herein and will not hold SCCYPFC or it's coaching representatives responsible.

Parent's / Guardians Signature

Date

Players Signature

Date