

Pella Premier Soccer Tryout Registration

Last Name: _____ First Name: _____ M ___ F ___

Address: _____

City, ZIP: _____

Telephone: _____ Birthdate: ___ / ___ / _____

Grade 2008/2009: _____

Father: _____ Home Phone: _____

Mother: _____ Home Phone: _____

Emergency Contact: _____ Phone: _____

Email Address: _____

Tryout Fee - \$20 includes T-shirt and two tryout sessions

If you are new to the Pella Soccer Club, please provide a birth certificate at tryouts.

This is a tryout for a Premier team. It will be coached by a professional. The evaluation team is composed of 2-6 members. If offered and you accept a place on the team, you are committing to fall and spring seasons.

You are encouraged to attend both nights of tryouts so the staff can better evaluate you.

TEAM MEMBERSHIP IS NOT GUARANTEED

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYS, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration of the USYS accepting the registrant for this soccer program and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYS, its affiliated organizations and sponsors, their employees, and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

SIGNATURE OF PARENT/GUARDIAN: _____

PRINTED NAME: _____

CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Health Care Provider 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.

SIGNATURE OF PARENT/GUARDIAN: _____

PRINTED NAME: _____

Any medical condition the staff should be aware of:

Staff Use Only: Paid Y/N

Tryout Number: _____