



BLOUNT UNITED SOCCER CLUB



COMPETITIVE SOCCER TRYOUT REGISTRATION FORM

(PLEASE PRINT)

PLAYER NAME: _____ DATE OF BIRTH ____/____/____ GENDER: ____

ADDRESS: _____

MOTHER'S NAME: _____ HOME PHONE _____ CELL _____

FATHER'S NAME: _____ HOME PHONE _____ CELL _____

EMAIL: MOTHER _____ FATHER _____

CLUB / TEAM PLAYED LAST SEASON: _____ GRADE THIS FALL _____

SOCCER EXPERIENCE: _____

PLAYER REQUESTING TO PLAY UP? _____, if so, individual player MUST tryout for his / her age appropriate team and "up-team". Player must be evaluated to be in the top 15% of the Up-team to be eligible.

I certify that the above information is correct.

I agree to provide the team manager the documentation listed below by the following deadline of July 1st.

Birth Certificate	Medical Release Form
Permission to Roster	Concussion Form
Cardiac Form	Code of Conduct Form

(Forms will be available through your team manager or our website, www.blountunited.com)

I agree to pay the club fees and team fees at the dates requested by BUSC and the team manager. Players will not be able to participate in practices or games and player cards will be pulled if a player's account is not in good standing (meaning fees have not been paid by each season's deadline).

I give consent for emergency medicine and/or dental care in the event of an injury associated with a soccer tryout, practice or game.

I agree, as a condition of being selected to play for a BUSC team, to comply with BUSC and Team Rules and Policies.

By signing below each parent agrees on behalf of himself/herself and his/her child that the parent represents that he/she is the parent or legal guardian of the player listed and has the authority to sign this release.

PARENT'S SIGNATURE: _____ DATE: _____

official use only

BIRTH YEAR	AGE APPROPRIATE TEAM	COACH	TRYOUT #
	U _____		