

Division of Play

D-

(staff use only)

RIVER CITY SOCCER CLUB

TRYOUT REGISTRATION FORM 20____

Birth Year

(staff use only)

CIRCLE ONE: **Female** **Male**

I am willing to play up a level if invited: *yes* *no*

TRYOUT NUMBER _____ (staff use only)

As Appears on Birth Certificate

Player's Name: _____

Guardian's Name: _____

Address: _____

Primary Contact #: _____ Cell Phone: _____

Primary Email: _____ Work Phone: _____

School Attending Next Fall: _____

Other Fall Commitments:(ex: Cheer, Volleyball, Football, Marching Band, etc.):

Emergency Contact: _____ Phone: _____

Physician: _____ Phone: _____

Disclaimer - The undersigned parent or guardian understands that the applicant will be engaging in physical activity during tryouts, which contains an inherent risk of physical injury. The undersigned assumes the risk, and releases the River City United Soccer Club, its director, coaches, and other persons from all liability for personal injury arising out of the applicant's participation in tryouts. I hereby grant my permission for my child to participate in the River City United tryout training sessions.

Parent / Guardian Signature: _____ Date: _____

Notes - Coach's Use Only
