



Player Tryout Registration 2010

Tryout # _____
Age Group U- _____

Player's Name _____	Date of Birth (mm/dd/yy) _____
Street Address _____	
City _____	State _____ Zip Code _____
Home Phone # _____	Cell Phone # _____
Player's E-Mail _____	

On what team/age group did you play last year? _____ Age _____
 Circle the league(s) you played in last year. Rec League MYSL MSPSP MRL Nat'l League

Parent/Guardian Information	
Father's Name _____	Mother's Name _____
Father's Cell Phone # _____	Mother's Cell Phone # _____
Home Phone # _____	Home Phone # _____
E-mail Address _____	E-mail Address _____

I, the parent/guardian of the registrant, understand that participation in this soccer tryout constitutes a risk of serious injury, therefore, I voluntarily and knowingly recognize, accept, and assume this risk and release the Premier Soccer Club, its affiliates, employees, volunteers, sponsors, and officials, from any liability.

PARENT/GUARDIAN SIGNATURE **DATE**