



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