



Tryout registration form

June 15TH & 16th 2009
Washington Fields Van Dyke
North of 26 Mile Road



Tryout # _____

Date of Birth (mm/dd/yy): _____ Age: _____ Boy Girl

First name: _____ Last Name: _____

Address: _____

City: _____ Zip Code: _____

Home Ph: _____ Cell Ph: _____

E-mail: _____

What age group are you trying out for? _____

Are you trying out for a specific coach or team? _____

Soccer Experience

How many years have you played? _____

Previous Teams _____

What Positions do you play? _____

What other club tryouts are you attending? _____

Do you play other sports? YES NO

How did you hear about North Macomb Soccer? _____

Father: First name: _____ Last Name: _____ Cell Ph: _____

Mother: First name: _____ Last Name: _____ Cell Ph: _____

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I, the undersigned parent or legal guardian of the above player, a minor, acknowledges that participation in soccer involves risk of severe, permanent physical injury, and death. For me, and on behalf of the above player, we willingly and voluntarily accept and assume all such risk. In consideration of permitting the voluntary participation of the above-named participant in this tryout program, for myself and on behalf of the above player, I hereby release, discharge and agree to hold harmless NMSC, its employees, volunteers, officials, sponsors, and other representatives from any and all claims, demands, costs, expenses, and compensation arising out of or in any way related to any injury or other damage that may result to said participant while participating in any NMSC sponsored event, including any physical or other injury caused by the negligence of any such person while performing his/her duties at any time.

Parent/Guardian Signature

Date