



<b>Club Use Only</b>
Tryout # _____
Gender _____
Age Group _____

## Wesley Chapel Soccer Club 2010-2011 Competitive Tryout Form-- New Players (not registered last year)

**Player Information (All information should be for 2010-2011 Season)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Gender \_\_\_ M \_\_\_ F DOB \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Played Soccer Last Year? \_\_\_ Yes \_\_\_ No; If yes, was it competitive? \_\_\_ Yes \_\_\_ No

Was player w/ WCSC competitive in 2009-10 \_\_\_ Yes \_\_\_ No; If yes, Team \_\_\_\_\_ Coach \_\_\_\_\_

If no, what club did player play for? \_\_\_\_\_ City \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Health Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Physician \_\_\_\_\_ Phone # \_\_\_\_\_

On the age grid below, please circle the appropriate player age group, according to player's birth year/month.

**Upcoming Season Grid 2010-11**

	Jan	Feb	March	April	May	June	July	Aug	Sep	Oct	Nov	Dec
<b>91</b>								U19	U19	U19	U19	U19
<b>92</b>	U19	U19	U19	U19	U19	U19	U19	U18	U18	U18	U18	U18
<b>93</b>	U18	U18	U18	U18	U18	U18	U18	U17	U17	U17	U17	U17
<b>94</b>	U17	U17	U17	U17	U17	U17	U17	U16	U16	U16	U16	U16
<b>95</b>	U16	U16	U16	U16	U16	U16	U16	U15	U15	U15	U15	U15
<b>96</b>	U15	U15	U15	U15	U15	U15	U15	U14	U14	U14	U14	U14
<b>97</b>	U14	U14	U14	U14	U14	U14	U14	U13	U13	U13	U13	U13
<b>98</b>	U13	U13	U13	U13	U13	U13	U13	U12	U12	U12	U12	U12
<b>99</b>	U12	U12	U12	U12	U12	U12	U12	U11	U11	U11	U11	U11
<b>00</b>	U11	U11	U11	U11	U11	U11	U11	U10	U10	U10	U10	U10
<b>01</b>	U10	U10	U10	U10	U10	U10	U10	U9	U9	U9	U9	U9
<b>02</b>	U9	U9	U9	U9	U9	U9	U9	DA	DA	DA	DA	DA
<b>03</b>	DA	DA	DA	DA	DA	DA	DA	DA	DA	DA	DA	DA
<b>04</b>	DA	DA	DA	DA	DA	DA	DA					

Mother's Information (\*=Required) If below info is same as child's, just place "Same" where applicable

\*Last Name \_\_\_\_\_ \*First Name \_\_\_\_\_

\*Home Address \_\_\_\_\_

\*Home Phone \_\_\_\_\_ \*Cell Phone \_\_\_\_\_

\*Email Address \_\_\_\_\_

Father's Information (\*=Required) If below info is same as child's, just place "Same" where applicable

\*Last Name \_\_\_\_\_ \*First Name \_\_\_\_\_

\*Home Address \_\_\_\_\_

\*Home Phone \_\_\_\_\_ \*Cell Phone \_\_\_\_\_

\*Email Address \_\_\_\_\_

- 1) I understand that each potential player must attend the entire of the selected try out session in order to be considered for a position on any Wesley Chapel Soccer Club competitive team. It is understood that a potential competitive player that cannot attend the entire tryout session for a documented reason, must make prior arrangements with the Director of Coaching and Soccer Director for an alternate tryout session.
- 2) I understand that there is no guarantee that neither previous competitive experience nor being on a particular coach's team last year guarantees a spot on a competitive team this year.
- 3) I understand that Wesley Chapel Soccer Club reserves the right to recommend that a child who has played up in the past, or is choosing to try out for a higher league-age team than his/her league age, may be recommended to move down to their appropriate age group/ competitive team based on his/her tryout and/or discussions with previous coaches. This will always be done with the child's best interest and continued soccer development and enjoyment in mind.
- 4) I understand that if my child is chosen for a team, there is a **mandatory** parent' meeting on Wednesday, June 9th for boys; Thursday, June 10th for Girls, 2010 that my child and I must attend.
- 5) I attest that the player has health insurance, which I will use, should s/he become injured at these tryouts.
- 6) I, the parent/guardian of the registrant, acknowledge that I am completely aware of the inherent risks associated with soccer, and hereby waive, release, and discharge The WCAA, Wesley Chapel Soccer club, the state association (FYSA) and all of its affiliated organizations, as well as their officers, directors, employees and agents (collectively, the "Released parties") from any and all liability and responsibility in the event that my minor child, \_\_\_\_\_ (child's name) becomes injured in any way during his/her participation in soccer events or activities associated with the Released Parties. I further state that my child and I take full responsibility for an injury that may occur as a result of my child's participation, and that neither I nor my child will hold the Release Parties responsible for any aggravation of pre-existing injuries prior to or during my child's participation in any soccer events or activities associated with the Released Parties.

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Parent/Guardian)

Print Name \_\_\_\_\_