



Club Use Only
Tryout # _____
Gender _____
Age Group _____

Wesley Chapel Soccer Club 2010-2011 Try-Out Form for Previously Registered Players from last Season

Leave Blank
(Tryout staff to affix Sticker Here)

- 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, 2010 for boys; Thursday June 10th, 2010 for girls 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 _____