



Englewood Youth Soccer Tryout Registration Form

2009/2010

SHIRT SIZE							SHORT SIZE						
YS	YM	YL	AS	AM	AL	AXL	YS	YM	YL	AS	AM	AL	AXL

Player First Name			Middle Name			Last Name		
Gender (Circle one) Male Female			Date of Birth (M/D/Y)			Age at 31st July 2009		
Address:					City	State	Zip	
players email					Cell #			
1st Parent/Guardian Name				Address & Home Phone #				
email				Cell #				
2nd Parent/Guardian Name:				Address & Home Phone #				
email				Cell #				
Emergency (Friend/relatives name & #'s)								
Known Allergies/Medical conditions								
Doctor				Medical Insurance Company				
Previous Soccer Experience including clubs/level of play/positions played								

INFORMED CONSENT

I, the parent/guardian of the above named player, agree that we will abide by the rules of (EYSA), the state association (FYSA) , all of its affiliated organizations as well as their officers, directors, employees and agents (the "Released Parties") from any and all liability and responsibility in the event that the above named player is injured in any way during their participation in soccer events or activities, including (but not limited to) practices, tryouts and games associated with the Released Parties. I understand the risk to the player includes a full range of injuries from minor to severe, and the result could be death, paralysis, or other serious, permanent disability. I accept this risk as a condition of the players participation.

Parent/Signature _____

Date _____