

Tryout #: \_\_\_\_\_ Tryout Sessions Attended #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_



**Fusion Futbol Club  
Player Tryout Application  
2010/2011**



This form must be completed by ALL players who are trying out.  
Registration starts 30 minutes before each session.

**Player Information**

<b>Full Name as it appears on birth certificate:</b>		<b>Date of Birth:</b>	
<b>Address:</b>			
<b>Home Phone #:</b>	<b>Player Cell Phone #:</b>	<b>Player email address:</b>	
<b>Name of school for Fall 2010:</b>		<b>Grade for Fall 2010:</b>	

**Parent or Guardian Information**

<b>Father's Name:</b>	<b>Father's Cell Phone #:</b>	<b>Father's email address:</b>
<b>Mother's Name:</b>	<b>Mother's Cell Phone #:</b>	<b>Mother's email address:</b>

**Soccer Experience**

Year	Club/Team	Name of Coach	Position	level of play?	Played in what season
<b>2008/2009</b>					Fall
					Spring
					Both
<b>2009/2010</b>					Fall
					Spring
					Both

***If selected to a competitive team, will you commit to play for both fall and spring? YES 1 NO 1***

If no, explain: \_\_\_\_\_

***Will you be participating in any other sport during the fall and/or spring season? YES 1 NO 1***

If so, which sport in which season? \_\_\_\_\_

List any special medical conditions: \_\_\_\_\_

Recognizing the possibility of physical injury associated with soccer and in consideration for the USSF/USYSA and its affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USSF/USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

**Signature of Player:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_