



Assigned Tryout #

## TRYOUT REGISTRATION

Player's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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

E-Mail Address \_\_\_\_\_

Parent/Legal Guardian Name(s) \_\_\_\_\_

What school do you currently attend? \_\_\_\_\_

- If u15 or older, do you play on a High School soccer team Yes / No

Soccer Experience

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\_\_\_\_\_ Select Soccer Experience? Yes/ No

Extracurricular Activities \_\_\_\_\_

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Medical Conditions/Allergies \_\_\_\_\_

How did you learn about this tryout? \_\_\_\_\_

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\_\_\_\_\_ has our permission to participate in all activities connected with the Thunder United Metro Futbol Club's soccer tryouts. We hereby agree upon that Thunder United Metro Futbol Club, its offices, coaches, field owners and all associates parties shall nor be liable for any injury or loss which my child may sustain while participating in activities of any kind, whether sponsored by or under the supervision of Thunder United Metro Futbol Club. The undersigned agrees to fully indemnify and hold harmless Thunder United Metro Futbol Club, its officers, coaches, field owners and all associated parties of any and all claims whatsoever.

Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_