



PLAYER EVALUATION REGISTRATION FORM

PARENT(S)/GUARDIAN INFORMATION		
Parent(s)/Guardian(s) Name:		
Email Address:		
Address:		
City:	State:	Zip Code:
Home Phone:	Cell phone:	
PLAYER INFORMATION		
First Name:	Last Name:	
Date of Birth:		
Years Played:	Recreational _____	Competitive _____
What was the last Club/League played for?		
School Attending Next Fall:		
Grade (upcoming Fall):		
Names and ages of siblings trying out:		
How did you find out about try outs?		
Additional Comments:		

Participation in any sport may cause physical injury, sprains, strains, etc. We, the undersigned, understand soccer is a contact sport and do not hold International Futbol Association, the City of Lakeland Parks and Recreation, its representatives, and employees responsible for any injuries occurring during the course of the tryout process.

Date: _____ Signature: _____

For IFA use only:

Completed by: (Initials only) _____ Player #: _____ Jersey Color: _____