

GJSC PLAYER TRYOUT FORM HIGH SCHOOL BOYS SPRING 2021



Parents, please complete the following information for your player and return to GJSC BEFORE TRYOUTS

PLAYER'S NAME _____ M ___ or F ___ BIRTHDATE ___ / ___ / ___

ADDRESS _____ CITY _____ ZIP _____

FATHER'S NAME _____ PHONE: (H): _____ (C): _____

MOTHER'S NAME _____ PHONE: (H): _____ (C): _____

EMAIL ADDRESS(ES) _____

WHAT IS THE BEST WAY TO CONTACT YOU? PLEASE CIRCLE: EMAIL TELEPHONE MAIL

SOCCER EXPERIENCE PLEASE CIRCLE: (YEARS) 1 2 3 4 5 6 7 8 9 10

DO YOU ALREADY OWN A COMPETITIVE UNIFORM PLEASE CIRCLE: YES # _____ NO

PREVIOUS TEAM NAME _____

PREVIOUS POSITION (s) PLAYED _____

ARE YOU NEW TO THE CLUB? PLEASE CIRCLE: YES NO

IF YES, WHAT CLUB DID YOU COME FROM? _____

MEDICAL CONDITIONS _____

Medical Release and Liability Waiver

This is to certify that the above-named player has my permission to participate in Grand Junction Soccer Club tryouts. I have listed any known physical or health restrictions on this player's ability to participate in tryouts. I understand that participation in this sports activity could result in injury to my child and I do hereby release on behalf of myself and my child, GJSC, its employees and agents, volunteers, members, and officials from any liability during tryouts. As the parent or legal guardian of the above-named player, I hereby give my consent for emergency care prescribed by a duly licensed Doctor of Medicine or doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent. GJSC also has my permission to use my child's photo for promotional materials, such as flyers, advertisements, and website content.

Signature _____ Date _____

GJSC USE ONLY: U _____ FEE _____ / COACH _____ / TOTAL _____

TEAM PLACEMENT _____ COACH _____ JERSEY _____