

# UNION S C TRAVEL TRY OUT - REGISTRATION FORM

Player Name: \_\_\_\_\_

Gender (circle one):     M         F

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: NJ Zip code: \_\_\_\_\_

Previous Team Name: \_\_\_\_\_

Previous division (circle one): Rec                  Travel or SuperY

Position Played (Primary) GoalKeeper    Defender    Midfield    Forward

Player signature: \_\_\_\_\_

<i>Club use only</i>		
<b>U-07</b>	<b>U-12</b>	<b>U-17</b>
<b>U-08</b>	<b>U-13</b>	<b>U-18</b>
<b>U-09</b>	<b>U-14</b>	<b>U-19</b>
<b>U-10</b>	<b>U-15</b>	<b>U-20</b>
<b>U-11</b>	<b>U-16</b>	<b>U-21</b>
<b>RANK #:</b> _____		

*Club use only*

<b>Tryout #</b>

Parent/Guardian name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: NJ Zip code: \_\_\_\_\_

Home Phone #: \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_ Cell Phone #: \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_



By submitting this application, I give my permission for my son/daughter to try out for a team determined by age, grade, and gender. I give my permission to receive emergency medical treatment or to be transported to a hospital to receive treatment. My child is current on all vaccinations. I understand that I am responsible for my and my child's conduct. I also understand that soccer is a contact sport and my child is at risk of injury while playing. As such, I agree to let my child participate in soccer, and I am willing to assume the risks. I acknowledge that my child is capable of participating in soccer, that he/she is in good physical condition. In addition to giving full consent to my child's participation, I wave, release and hold harmless Union Soccer Inc., it's Board members, coaches, trainers and any representatives for any injury that may be sustained by my child,