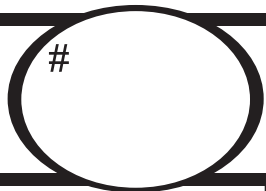




2010 South Hill Soccer Club
Revolution Premier Tryouts
Registration Form



Please complete and bring to the registration table at tryouts

Team you are trying out for (If trying out for multiple teams, complete a separate form for each tryout)

Evaluation #
Please leave blank

circle one: U11 U12 U13 U14 U15 U16 U17 U18 U19

See age requirements on opposite side

Please Print - Must be Legible

Players Information: Gender: M ___ F ___ Birth Date ___/___/___ (Copy of Birth Certificate)

Last Name _____ First Name _____

Street Address _____

City _____ State _____ Zip _____ Telephone _____

Height _____ Weight _____

Prior Experience/Teams _____ years played _____

Level of play (circle one) •Recreational •District •Premier/Select: Level P1 P2 P3 WDDL

Position you feel you best play: •Forward •Midfield •Defense •Goalkeeper

Any commitments that may impact your availability to practice or play at the Premier level? _____

Parent's Information:

Father's Name _____ Mother's Name _____

Cell # (s) _____ E-mail (S) _____

IMPORTANT

I, the parent/ guardian of the registrant, a minor, recognizes the possibility of physical injury associated with soccer and in consideration of South Hill Soccer Club conducting the Select tryouts, I hereby release, discharge and/or other indemnify the South Hill Soccer Club, it's sponsors, their employee's and associated personnel, including the owners of the fields and facilities utilized for the tryouts against any claim by or on behalf of the registrant as a result of the registrant's participation in the tryout.

Parent's Signature _____ Date _____

Special instructions or comments:



Official Use Only

Birth Certificate Yes / No

Birth Date Verified by _____

www.shscsoccer.com