2011 South Hill Soccer Club
Revolution Premier Tryouts
Registration Form

#

Please complete and bring to the registration table at tryouts

Evaluation #
Please leave blank

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

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:**

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:

Offical Use Only

Birth Certificate Yes / No

Birth Date Verified by _____

www.shscsoccer.com