



TRY OUT REGISTRATION FORM 2010/2011

PLEASE PRINT!

TRYOUT DATE: _____ TEAM AGE GROUP (i.e. U11 BOYS, 90/91): _____

PLAYER'S NAME: _____ DATE OF BIRTH: _____ AGE: _____

PLAYER'S ADDRESS: _____ CITY: _____ ZIP: _____

HOME TEL. NUMBER: _____ CELLPHONE NUMBER _____

PARENT'S NAME AND WORK PHONE NUMBERS: _____

E-MAIL ADDRESS: _____ POSITION: _____

YEARS PLAYED-LEVEL _____ PREVIOUS TEAM _____

SCHOOL ATTENDING: _____

WHAT OTHER SPORTS DO YOU PLAY AND WHAT LEVEL? _____

DO YOU HAVE ANY SIBLINGS THAT ALSO PLAY COMPETITIVE SOCCER?
WHAT TEAM, WHAT AGE, BOY/GIRL? _____

ARE YOU WILLING TO TRAVEL TO OUT OF TOWN TOURNAMENTS? _____

WHAT OTHER SOCCER TRYOUTS ARE YOU ATTENDING? _____

IF OFFERED A POSITION, WOULD YOU BE ABLE TO MAKE A DECISION TODAY? _____
YES _____ NO _____ DON'T KNOW _____

HOW DID YOU HEAR ABOUT OUR CLUB?

_____ Newspaper _____ Flyer at school _____ Website
_____ Poster at stores _____ Friend _____ Club/Team reputation

I certify that my child has been examined by a physician and found to be in good health and able to participate in all tryout activities without restriction. Furthermore, I authorize the staff of FC Barcelona KS (FCB KS) to act for me according to his/her best judgment in an emergency requiring medical attention. I hereby wave and release FCB KS and/or its staff from all claims resulting from any injury my child sustain while attending FCB KS tryout sessions. FCB KS will not be responsible for personal items that are lost, stolen or damaged. I also understand that FCB KS retains the right to use any photographs, video tapes, motion picture recording or any other record of the event for publicity, advertising or any legitimate purpose.

Player's name (Please Print) Parent or guardian name Parent or guardian signature
(Please Print)