



# 2011 Preseason TRYOUTS Field Registration Form



Player's Name  
(first, middle initial, last) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City/Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Team you are trying out for:

Boys      U8    U9    U10    U11    U12    U13    U14

Girls      U8    U9    U10    U11    U12    U13    U14

My child is physically able to participate in any and all soccer activities. I release the coaches, staff and all others associated with Wilmette Wings Soccer Club for any injury or illness incurred by my child at the tryout.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

\*Non-refundable tryout fee for field registration is \$30 (cash or check)\*