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|------------------------------|
| Club Use Only |
| Pinny # _____ |
| Gender _____ Age Group _____ |

Wesley Chapel Soccer Club 2009-2010 Competitive Tryout Form-- New Players (not registered last year)

Player Information (All information should be for 2009-2010 Season)

Last Name _____ First Name _____ MI _____ Gender M F DOB _____

Street Address _____ City _____

Zip Code _____ email _____

Home Phone _____ Cell Phone _____

School _____ Grade _____

Played Soccer Last Year? Yes No; If yes, was it competitive? Yes No

Was player w/ WCSC competitive in 2008-09 Yes No; If yes, Team _____ Coach _____

If no, what club did player play for? _____ City _____

Emergency Contact _____ Phone # _____

Health Insurance _____ Policy # _____

Physician _____ Phone # _____

On the age grid below, please circle the appropriate player age group, according to player's birth year/month.

Upcoming Season Grid 2009-10

| | Jan | Feb | March | April | May | June | July | Aug | Sep | Oct | Nov | Dec |
|-----------|-----|-----|-------|-------|-----|------|------|-----|-----|-----|-----|-----|
| 90 | | | | | | | | U19 | U19 | U19 | U19 | U19 |
| 91 | U19 | U19 | U19 | U19 | U19 | U19 | U19 | U18 | U18 | U18 | U18 | U18 |
| 92 | U18 | U18 | U18 | U18 | U18 | U18 | U18 | U17 | U17 | U17 | U17 | U17 |
| 93 | U17 | U17 | U17 | U17 | U17 | U17 | U17 | U16 | U16 | U16 | U16 | U16 |
| 94 | U16 | U16 | U16 | U16 | U16 | U16 | U16 | U15 | U15 | U15 | U15 | U15 |
| 95 | U15 | U15 | U15 | U15 | U15 | U15 | U15 | U14 | U14 | U14 | U14 | U14 |
| 96 | U14 | U14 | U14 | U14 | U14 | U14 | U14 | U13 | U13 | U13 | U13 | U13 |
| 97 | U13 | U13 | U13 | U13 | U13 | U13 | U13 | U12 | U12 | U12 | U12 | U12 |
| 98 | U12 | U12 | U12 | U12 | U12 | U12 | U12 | U11 | U11 | U11 | U11 | U11 |
| 99 | U11 | U11 | U11 | U11 | U11 | U11 | U11 | U10 | U10 | U10 | U10 | U10 |
| 00 | U10 | U10 | U10 | U10 | U10 | U10 | U10 | U9 | U9 | U9 | U9 | U9 |
| 01 | U9 | U9 | U9 | U9 | U9 | U9 | U9 | U9D | U9D | U9D | U9D | U9D |
| 02 | U9D | U9D | U9D | U9D | U9D | U9D | U9D | | | | | |

Mother's Information (*=Required) If below info is same as child's, just place "Same" where applicable

*Last Name _____ *First Name _____

*Home Address _____

*Home Phone _____ *Cell Phone _____

*Email Address _____

Father's Information (*=Required) If below info is same as child's, just place "Same" where applicable

*Last Name _____ *First Name _____

*Home Address _____

*Home Phone _____ *Cell Phone _____

*Email Address _____

- 1) I understand that each potential player must attend the entire of the selected try out session in order to be considered for a position on any Wesley Chapel Soccer Club competitive team. It is understood that a potential competitive player that cannot attend the entire tryout session for a documented reason, must make prior arrangements with the Director of Coaching and Soccer Director for an alternate tryout session.
- 2) I understand that there is no guarantee that neither previous competitive experience nor being on a particular coach's team last year guarantees a spot on a competitive team this year.
- 3) I understand that Wesley Chapel Soccer Club reserves the right to recommend that a child who has played up in the past, or is choosing to try out for a higher league-age team than his/her league age, may be recommended to move down to their appropriate age group/ competitive team based on his/her tryout and/or discussions with previous coaches. This will always be done with the child's best interest and continued soccer development and enjoyment in mind.
- 4) I understand that if my child is chosen for a team, there is a **mandatory** parent' meeting on Wednesday, June 3rd for boys; Thursday, June 4th for Girls, 2009 that my child and I must attend.
- 5) I attest that the player has health insurance, which I will use, should s/he become injured at these tryouts.
- 6) I, the parent/guardian of the registrant, acknowledge that I am completely aware of the inherent risks associated with soccer, and hereby waive, release, and discharge The WCAA, Wesley Chapel Soccer club, the state association (FYSA) and all of its affiliated organizations, as well as their officers, directors, employees and agents (collectively, the "Released parties") from any and all liability and responsibility in the event that my minor child, _____ (child's name) becomes injured in any way during his/her participation in soccer events or activities associated with the Released Parties. I further state that my child and I take full responsibility for an injury that may occur as a result of my child's participation, and that neither I nor my child will hold the Release Parties responsible for any aggravation of pre-existing injuries prior to or during my child's participation in any soccer events or activities associated with the Released Parties.

Signed _____ Date _____

(Parent/Guardian)

Print Name _____