



## TRY OUT REGISTRATION FORM 2009/2010

**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)

