

**Application and Pledge**

**NO PLAYER LEFT BEHIND**

Sponsored by the **SETH ERNST MEMORIAL SOCCER SLAM**

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All Fields Required

Players Name \_\_\_\_\_

Guardians Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Gender M / F      Player Date of Birth \_\_\_\_\_

Previous Soccer Team \_\_\_\_\_ Uniform Needed? Y / N

Reason or explanation of hardship (use back of page for additional space)

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**Guardian's Pledge:**

As a guardian of a player, I pledge to make every effort possible to see that my player will attend all team practices and all ILLOWA team games. Every effort may include reaching out to others within the team to help coordinate travel to and from games and/or practices.

Signature: Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Fine Print.** By signing below, I understand that: submission of this application does not guarantee acceptance to the NO PLAYER LEFT BEHIND program. All applications will be reviewed on a case by case basis. Applicants / Players are not guaranteed a position on a team. Application for the NO PLAYER LEFT BEHIND program will have NO impact on team rosters. Decisions to cut players is based on tryout or evaluation results, and team size constraints. Abuse of the NO PLAYER LEFT BEHIND program can result in immediate removal from the team and the Geneseo Soccer Club. I have read and fully qualify for this program based on the criteria stated on the NO PLAYER LEFT BEHIND information sheet.

Signature: Guardian \_\_\_\_\_ Date \_\_\_\_\_