

Tryout Number: _____

Age Group: _____

Male Female

Goalkeeper: Yes No

Play Up: Yes No



U-11 to U-18
2011 – 2012 INTENT TO TRYOUT FORM

Player's First Name: _____

Player's Last Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Birth date: _____

Age: _____

Parents' Name: _____

E-mail address: _____

Home Phone: _____

Work/Alternate Phone: _____

Previous Team: _____

Previous Age Group: _____

Previous Coach: _____

Previous Position Played: _____

School and grade for the 2011-2012 school year: _____

Other sports I play:	Conflict with Sabers Soccer?
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

MEDICAL CONSENT AND RELEASE OF LIABILITY

I, the undersigned parent/guardian of _____, a minor, do hereby authorize the Spokane Sabers FC as Agents for the undersigned to consent to Medical, Surgical, or Dental Examination or Treatments. In addition, I hereby release and discharge the Spokane Sabers FC, its officers, board, agents, employees, and volunteers for any injury, loss, or liability, which results or is alleged to have resulted from participation in the Spokane Sabers FC tryouts. I have read and fully understand the Medical Consent and Release of Liability.

Parent/Guardian Signature _____

Date _____

Emergency Contact Name (other than parent/guardian) _____

Phone _____