

BURLINGTON SOCCER CLUB TRYOUT REGISTRATION FORM

BSC USE ONLY

DAY 1 _____ DAY 2 _____ TRYOUT # _____

\$10.00 Tryout Registration Fee Paid: _____

Date: _____

Date of Birth: _____

Male: _____ Female: _____

Player Name: _____ Player E-mail: _____

Mailing Address: _____ City: _____ Zip: _____

Father: _____

Mother: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Employer: _____

Employer: _____

Occupation: _____

Occupation: _____

E-Mail: _____
required

E-Mail: _____
required

Team last played for: _____ Coach: _____

TRYOUT LIABILITY RELEASE (Required for participation)

I, as legal parent or guardian, hereby give permission for _____ to participate in the Burlington Soccer Club Tryouts for the 2009 - 2010 season. I hereby release and forever discharge Burlington Soccer Club (BSC) and their coaches, agents, and the owners of any fields used from the liability for any personal injury or illness, DAMAGE OR LOSS INCURED WHILE PARTICIPATING IN THIS ACTIVITY. In the event I cannot be reached in an emergency, I hereby grant permission to the BAYSA staff to secure treatment for the aboved named person.

Parent / Guardian Signature: _____ Date: _____

PARENT / GUARDIAN SIGNATURE IS REQUIRED FOR TRYOUT PARTICIPATION.

Relationship: _____