

Tryout # _____ (Official use only)

Fall 2011 _____ Spring 2012 _____

FC Dallas Emerald Coast Tryout Information Form

(Complete this form and bring it to tryouts with \$10.00 tryout fee.)

Player Last Name: _____ First Name: _____

Address: _____ City _____ Zip _____

Phone: _____ Email _____

DOB: ____/____/____ Gender: Male _____ Female _____
MM DD YY

Parent/Guardian Release: I, the Undersigned, as parent/guardian of the mentioned Applicant, hereby give my permission for the Applicant to participate in all FC Dallas Emerald Coast tryout activities. I further agree to assume all risks and hazards incidental to such participation, and hereby waive, release and absolve the organizers, sponsors, supervisors, referees, coaches, trainers and participants from any claim arising out of injury to the Applicant. **By signing this form I am also acknowledging that this player is not currently registered to any other USYSA/USCLUB soccer club.**

SIGNATURE: _____ Date: _____

Print Name: _____

_____	U-18 (8/1/1993 to 7/31/1994)
_____	U-17 (8/1/1994 to 7/31/1995)
_____	U-16 (8/1/1995 to 7/31/1996)
_____	U-15 (8/1/1996 to 7/31/1997)
_____	U-14 (8/1/1997 to 7/31/1998)
_____	U-13 (8/1/1998 to 7/31/1999)
_____	U-12 (8/1/1999 to 7/31/2000)
_____	U-11 (8/1/2000 to 7/31/2001)
_____	U-10 (8/1/2001 to 7/31/2002)
_____	U-09 (8/1/2002 to 7/31/2003)
_____	U-08 & below (After 8/1/2003)

Administrative Use Only- do not mark

Players MUST tryout in their true age group

Official Use Only	Amount Paid	Check#	Age	Checked In By:	New Player	Returning Player	Good Standing