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2011-12 Tryout Form

Schwaben use only

U8 U9 U10 U11 U12 U13 U14 U15 U16 U17 U18

Tryout number _____ Color _____

(please print clearly and complete all information)

Player Information:

Last Name:

First Name:

Date of Birth (MM/DD/YY) / /

Gender: Male Female

Address:

City:

Zip:

Home Phone:

Email:

Father's Information

Name:

Cell:

Email:

Mother's Information

Name:

Cell:

Email:

=====

Soccer Information:

Soccer Experience:

How many years of playing experience?

Which positions played?

Last team played on:

Additional Information for High School Players:

What High School do you attend?

What positions and level have you played?

Waiver of Liability

I, the undersigned parent/guardian of the above listed minor participant, acknowledge and fully understand that each participant will be engaging in activities during the soccer tryout that involve risk of injury. I/we assume all the foregoing risk and accept personal responsibility for the damages of such injury, permanent disability or death, hereby release and discharge Schwaben AC, its affiliated organizations and sponsors, coaches, associated personnel, officers etc. from any and all liability.

Parent/Guardian Signature: _____ Date: _____

Emergency contact number if you are not remaining on Schwaben premises during tryouts: Cell Phone _____