



# TRYOUT REGISTRATION

1. Child's name?	
2. Child's date of birth?	
3. Parent's name?	
4. Parent's address?	
5. Parent's home and cell telephone numbers?	
6. Emergency contact and telephone number?	
7. Child's school and next grade level?	
8. How many seasons has child played soccer?	
9. Name of prior soccer team?	
10. Name of league where prior team played?	
11. Was prior team recreational or competitive?	
12. What is child's usual playing position?	
13. Can child play on a traveling team?	
14. Is child healthy and in fit condition?	
15. Your first choice Azzurri team?	
16. If not selected for your first choice team, will child play on another Azzurri team?	

Consent. I agree that my child may try out with the Tyler Azzurri Football Club, Inc. By signing below, I certify that my child does not have any health condition or problem that limits my child's full participation in the strenuous physical activity of a soccer tryout. Dehydration. I understand that dehydration can occur when my child's body loses too much fluid through sweating or exercise. Not drinking enough fluids can cause muscle cramps and faintness. Severe dehydration can cause shock and a life-threatening condition. Because of this risk, I will carefully watch my child throughout the tryouts and make sure that my child drinks sufficient water to prevent dehydration. Release. I hereby release the Tyler Azzurri Football Club, Inc., its coaches, and its representatives from any and all possible liability arising from any bodily injury to my child that occurs in connection with the tryouts.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

For Club Use Only: Player Classification	Boys / Girls	U__	199__ / 200__
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