

# Elite Futbol Club (EFC): Tryout Form

## PLAYER INFORMATION (Please Print Neatly)

PLAYER NAME		PLAYER BIRTHDATE	
STREET ADDRESS		CITY, STATE, ZIP	
MOTHER		OCCUPATION	
EMAIL ADDRESS		PHONE NUMBER	
FATHER		OCCUPATION	
EMAIL ADDRESS		PHONE NUMBER	

## SOCCER INFORMATION

PRIMARY POSITIONS		PREVIOUS TEAM	
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Medical Concerns:

**Waiver to Tryout:** As parent or guardian of the player listed, I agree that this player is medically fit to perform the activities at Elite Futbol Club (EFC). I hereby indemnify Elite Futbol Club (EFC), as well as its staff and volunteers, in all matters pertaining to accidental injury or death as a result of participation in the tryouts. I allow Elite Futbol Club (EFC) to act according to its best judgment in a matter of a medical emergency and agree to remove all liability against Elite Futbol Club (EFC), its staff members and volunteers. By signing this I understand that I am giving up significant rights.

PRINT PLAYER NAME \_\_\_\_\_ PRINT PARENT NAME \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## STAFF USE ONLY:

	<b>Team Assignment</b>	
	Team Fee Paid?	Check Amount      Check #      Cash
	Registration Form Completed	_____ YES      _____ NO