

Competitive Player Tryout Form



Session: Spring / Fall

Year: 20_____

Age Division (pls circle): **U8** **U9** **U10** **U11** **U12** **U13** **U14** **U15** **U16** **U17** **U18**

Player Name: _____

Gender (pls circle): Male / Female Date of Birth (mm/dd/yy): _____

Parent/Guardian Name(s): _____

Address (Street): _____

City: _____ Postal Code: _____

Telephone: _____ Email: _____

Has personal information changed from previous registration? Yes ____ No ____

I hereby give permission for my child to participate in the Pickering Soccer Club fall tryouts.

I understand that the purpose of these tryouts is to evaluate my child's soccer skills in order to determine which team, if any, he or she will qualify for with the Pickering Soccer Club for the upcoming outdoor soccer season.

By signing below, I acknowledge that my son / daughter is in excellent physical and mental health which will allow him / her to participate in the soccer tryout.

By signing below, I accept all liabilities due to injury which may occur while my son / daughter participates in the soccer tryouts.

Player Signature: _____ Date (mm/dd/yy): _____

Parent Signature: _____ Date (mm/dd/yy): _____

What to expect from the Coach and the Club:

- A fair opportunity to demonstrate your ability and desire to play
- An organized and positive environment
- An honest evaluation with the coach to review his or her decision

What the Coach and the Club expects from players and parents:

- To be on time for tryouts
- A positive attitude and your best effort
- Allow the coach to go through the selection process without interference from parents
- Zero criticism to any player trying out

Train Smart

Play Hard

Have Fun