



# ERIE FUTBOL CLUB



## Tryout Form

Today's Date \_\_\_\_\_

Player Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ U- \_\_\_\_\_

Player Address \_\_\_\_\_ City \_\_\_\_\_

Current City Team \_\_\_\_\_ Current Club Team \_\_\_\_\_

Past Club Teams \_\_\_\_\_

Fathers Name \_\_\_\_\_ Mothers Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother Email \_\_\_\_\_ Mother Cell \_\_\_\_\_

Father Email \_\_\_\_\_ Father Cell \_\_\_\_\_

Emergency Contact (name) \_\_\_\_\_ # \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Referred By \_\_\_\_\_

Uniform Size: Jersey \_\_\_\_\_ Short \_\_\_\_\_ T-Shirt \_\_\_\_\_

Sizes Available: Y S YM YL YXL AS AM AL AXL

**\*All information above must be completed:**

Are all fees for all completed activities been paid to previous club team? Yes No "if no"

Arrangements must be made, or your previous team can request that registration for the next year be held until financial commitments are met.

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Medical Release:

I verify that my child is covered by medical insurance. He/She has been checked by a qualified physician and is physically able to participate in soccer activities. I understand that soccer has the risk of injury. I release Erie Futbol Club its employees, officers, agents, and hosting facilities from any damages and liability that may occur while my child is at tryouts, practices, games, tournaments and any other club function.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_