



FC MILPITAS

MILPITAS YOUTH SOCCER CLUB

COMPETITIVE SOCCER TEAMS



ANNOUNCEMENT FOR OPEN CLUB TRYOUTS

FEBRUARY 6, 2010

MILPITAS HIGH SCHOOL

1285 Escuela Parkway, Milpitas

If you are a serious soccer player... Join us at the FC Milpitas tryouts for an opportunity to play competitive soccer. Many coaches are looking for players to add to their Spring 10 and Fall 10 teams. All players must have a signed medical release form to attend the tryouts – **FILL OUT FORM ON BACK.**

- Coaching Staff licensed to coach Youth Soccer
- Practices are usually 2-3 days a week with games on Saturdays and/or Sundays.
- Playing Season is primarily in the Fall, with most teams also playing Spring
- 1/2 Games played at HOME, 1/2 AWAY with some travel
- Most teams also play Indoor Soccer or Futsal in the Winter
- Tournaments are scheduled weekends – may involve travel
- Costs vary depending upon number tournaments and fundraising efforts with each team. Please ask the tryout coach what your cost will include if chosen for the team.
- Coaching / Player development at core of competitive program

AGE GROUP TABLE – FALL 2010

Age Group	Team Group	Born no earlier than August 1
U9	'01	2001
U10	'00	2000
U11	'99	1999
U12	'98	1998
U13	'97	1997
U14	'96	1996
U15	'95	1995
U16	'94	1994
U17	'93	1993
U18	'92	1992
U19	'91	1991

Participating in Milpitas Youth Soccer Club tryouts does not register you to play, nor binds you to that particular Team within our Club. Come to the tryouts to assess your readiness for the next level of play.

TRYOUTS WILL INCLUDE:

- INTRO TO FC MILPITAS CLUB & COACHES
- WARM UP & STRETCH
- INDIVIDUAL & SMALL GROUP ACTIVITY
- SMALL-SIDED GAMES AND/OR FULL SCRIMMAGES

TRYOUT SCHEDULE

AGE GROUPS	TRYOUT TIME
U8, U9, U10	9:00 – 10:15 AM
U11, U12	10:30 – 12:00 PM
U13, U14, U15	12:30 – 2:00 PM
U16+	2:00 – 3:00 PM

COME PREPARED! BRING WITH YOU TO TRYOUTS.....

- SOCCER BALL, WATER, SHIN GUARDS, AND PROPER SOCCER CLOTHING

Players will learn the philosophy of our CLUB and parents will have an opportunity to discuss with coaches before and after tryouts.

TRYOUTS WILL ADHERE TO THE HIGH SCHOOL RULES. FOR MORE INFORMATION PLEASE CONTACT:
FC Milpitas Competitive Coordinator BJ Navarro @ navarro_4@sbcglobal.net, 408-309-1281

Milpitas Youth Soccer Club - 408 834-9092 - <http://eteamz.active.com/MilpitasYouthSoccer>

AFFILIATED WITH CYSA AND US CLUB



FC MILPITAS TRYOUT FORM

MILPITAS YOUTH SOCCER CLUB

Club Use Only

U- B / G

Notes

Parents / Players: Please fill out this form and bring with you to the tryout – this will speed up the process. Sections marked with an asterisk () are REQUIRED. Unless you are 18 years old, an adult must complete. Please bring shin guards, a properly-inflated ball, and water. Plan 2 hours.*

*Player Name: _____ *Birth Date: _____

*Parent/Legal Guardian: _____ *Phone #: _____

*Home Address: _____

Email Address: _____ School in Fall: _____

*How should we contact you?: () Email () Phone *(please select preference)* *Playing experience (Yrs): _____

*Current Team: _____ *Current Coach: _____

() Competitive Team () Recreational Team

***Include contact info if currently on a competitive team*

*Positions Played: _____ *Positions Preferred: _____

Other Sports / Information you would like to share: _____

IMPORTANT MEDICAL WAIVER AND LIABILITY RELEASE – MUST BE SIGNED

I, the parent/legal guardian of the above-named player, a minor, or a player age 18 or over, agree that I and the player will **abide by the rules and regulations** of the U.S. Youth Soccer (USYS), and its affiliated organizations, the California Youth Soccer Association, Inc (CYSA), and its affiliated organizations, US Club Soccer, and its affiliated organizations, and the Milpitas Youth Soccer Club.

I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, **hereby release and indemnify** the USYS, CYSA, US Club, and Milpitas Youth Soccer Club Parties, the owners and operators or the facilities used for the programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any Program, which transportation is hereby authorized.

I further grant the USYS, CYSA, US Club and/or Milpitas Youth Soccer Club Parties the **right to use player's name, picture and/or likeness** in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs.

As the parent/legal guardian of the above-named player, or player age 18 or over, I hereby give consent for **emergency medical care** prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of me or my dependent.

By my signature, I certify that I have read and agree to the above Liability Release and Medical Waiver

Parent / Guardian / Player (if over 18) (PLEASE PRINT) : _____

Signature: _____ Date: _____