

2009-2010 YMS TRAVEL TRYOUT FORM

Personal Information:
Player Name:
Address:
City, State, Zip: Phone ()
Birth Date: E-Mail
Parents Names
Any Medical History or Comments that the Coach should be aware of:
Soccer Experience:
Jersey Color:
Trying out for a Premier team only? (circle) Yes No
If so which team are you interested in trying out for? Age Group U
Does the player want to play Goalkeeper? (circle) Yes No Current Club/Team:
Other Teams (e.g., League Select, ODP Region Team, etc.)
Where did you hear about YMS: Check one Newspaper/which paper
Friend/Relative Internet Other
Parent/Guardian Signature:
Players are selected by coaches based on their demonstrated skill, stamina, and competitive spirit. Players will be assigned to a team by means of a player tryout conducted by the club. Absolutely no changes in team placement will be made; no refunds will be made after team placement occurs. YMS reserves the right to refund registration fees in the event an insufficient number of coaches volunteer and/or insufficient number of players tryout in a particular age group.
Release Statement : I, the parent or guardian of the registrant, a minor, agrees that the registrant and I will abide by the rule of YMS and EPYSA, its affiliated organization and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for YMS and EPYSA accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify YMS, its officers, coaches, managers, referees, and EPYSA and affiliated organizations, including the owners of the fields and facilities utilized for the soccer program. I affirm the registrant is in sound health physical condition and that the child is covered by health insurance secured independently.
Parent or Guardian Signature: Date//
Print this form out and bring to the first tryout for your age group with your \$10 tryout fee.
Admin Only: \$10.00 per player fee. Amount enclosed: