

Tryout # \_\_\_\_\_ (Official use only)

Fall \_\_\_\_ Spring \_\_\_\_

## Emerald Coast United Tryout Information Form

(Complete this form and bring it to tryouts with \$10.00 tryout fee.)

Player Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_      Gender:    Male \_\_\_\_ Female \_\_\_\_  
      MM    DD    YY

**Parent/Guardian Release:** I, the Undersigned, as parent/guardian of the mentioned Applicant, hereby give my permission for the Applicant to participate in all Emerald Coast United tryout activities. I further agree to assume all risks and hazards incidental to such participation, and hereby waive, release and absolve the organizers, sponsors, supervisors, referees, coaches, trainers and participants from any claim arising out of injury to the Applicant. **By signing this form I am also acknowledging that this player is not currently registered to any other USYSA/USCLUB soccer club.**

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

_____ U-18 (8/1/1992 to 7/31/1993)
_____ U-17 (8/1/1993 to 7/31/1994)
_____ U-16 (8/1/1994 to 7/31/1995)
_____ U-15 (8/1/1995 to 7/31/1996)
_____ U-14 (8/1/1996 to 7/31/1997)
_____ U-13 (8/1/1997 to 7/31/1998)
_____ U-12 (8/1/1998 to 7/31/1999)
_____ U-11 (8/1/1999 to 7/31/2000)
_____ U-10 (8/1/2000 to 7/31/2001)
_____ U-09 (8/1/2001 to 7/31/2002)
_____ U-08 & below (After 8/1/2002)
Administrative Use Only- do not mark

**Players MUST tryout in their true age group**

Official Use Only	Amount Paid	Check#	Age	Checked In By:	New Player	Returning Player	Good Standing