



Pacific Soccer Club – South

Application for Tryouts for 2010/2011 Season

Boys/Girls U _____, (Born on, or after August 1, 19 _____), Pacific Soccer Club - South, CYSA-South & AYSO

Information will be provided by Club: Location: _____ Date: _____ Time: _____

Name of Player: _____ Date of Birth: _____ Age: _____ Home Tel: _____

Parent: _____ Work Tel: _____ Parent: _____ Work Tel: _____

Fax No: _____ e-mail address: _____

Address: _____ City: _____ CA _____

Soccer Playing Experience: (Circle where appropriate) AYSO, Region _____ All Star _____ AYSO Plus _____
 No. of Years Playing: _____ CSL _____ Bronze _____ Silver _____ Gold _____

Position Experience: Defense Midfield Forward Keeper Favorite Pos. _____

How did you hear about PSCS Tryouts: Coach / Parent / Player / Newspaper / Web Site / Other _____

If you are trying out for a specific team in PSCS, please identify the Coach: _____

If trying out for a specific team, would you consider another team/coach? Yes Maybe No
 (If a player is asked to be on more than one team, it is Club policy that the final team selection is the decision of the parent/player, not the Club)

Briefly describe in your own words your soccer playing experiences, teams you have played on and why you might consider playing for the PSC-S team if successful in the tryouts: (use back of sheet.)

I understand that the completion of this application to tryout does not guarantee being offered a position on the PSC-S Team for the 2010/2011 season.

Player Signature: _____

IMPORTANT

I, the parent/guardian of the above-mentioned player, a minor, agree that the player and I will abide by the rules of the CYSA-South and AYSO, its affiliated organizations and sponsors, specifically Pacific Soccer Club South. Recognizing the possibility of physical injury associated with soccer and in consideration for the Pacific Soccer Club - South (CYSA-South & AYSO) accepting the player for team tryouts, I hereby release, discharge and /or otherwise indemnify the CYSA-South and AYSO, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities, utilized for the tryouts, against any claim by or on behalf of the player as result of the player's participation in the tryouts and/or being transported to or from same, which transportation I hereby authorize.

Name: _____ Date: _____
 Parent / Legal Guardian (Please print)

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above named player, I hereby give my 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 my dependent.

Signature of Parent/Guardian: _____

Work Tel: _____

Player's Name: _____ Home Tel: _____

Address: _____ City: _____ CA _____

Emergency Contact, Name: _____ Tel: _____