



**Competitive Teams
Soccer Tryout Registration Form**

Bring Signed Original
to Tryouts

Player Information

Boys or Girls	<input type="text"/>	Birth Date	<input type="text"/>
First Name	<input type="text"/>	Last Name	<input type="text"/>
		Middle Initial	<input type="text"/>
Street Address	<input type="text"/>	City	<input type="text"/>
		State	<input type="text"/>
		Zip Code	<input type="text"/>
<u>Playing Experience</u>			
Years Playing Competitive Soccer	<input type="text"/>	Club Played for Last Season	<input type="text"/>
		Age Played Last Year	<input type="text"/>

Parent Information

Important:
At least one parent's complete information is required below

Mother's Name	<input type="text"/>	Home Phone	<input type="text"/>	Cell Phone	<input type="text"/>
Father's Name	<input type="text"/>	Home Phone	<input type="text"/>	Cell Phone	<input type="text"/>
Mother's e-mail	<input type="text"/>			Father's e-mail	<input type="text"/>

Emergency Information

Person to Notify in Emergency / Relationship	<input type="text"/>	Phone Number	<input type="text"/>
Doctor to Notify in Case of Emergency	<input type="text"/>	Phone Number	<input type="text"/>
List any Medical Problems Player Has	<input type="text"/>		

IMPORTANT: I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of Cal South, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for Cal South accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify Cal South, its affiliated organizations and sponsors, including Rebels Soccer Club, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Parent's Name:

Signature: _____ Date

CONSENT FOR MEDICAL TREATMENT OF A 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: _____