



True Age Group: _____
Requests to play up: _____
Tryout Fee: _____
Check #/Cash: _____
FOR CLUB USE ONLY

Tryout Registration Form

Players Name: _____ Date of Birth: _____

Parents Name(s): _____

Address: _____ City/State/Zip: _____

Phone(s) Home: _____ Cell 1: _____ Cell 2: _____

E-mail: Primary: _____
Alternate: _____

Any medical history or comments that the assessors should be aware of:

Preferred Position (circle one) Goalkeeper Defender Midfielder Forward

Current Club/Team: _____ Age Group U- _____

Any other information that you feel assessors/coaches should know: _____

I certify that the above named player is in good health to play soccer. I understand that the above named player is participating in the Bridge Futbol Alliance (Bridge F.A.) tryouts at his or her own risk and Bridge F.A. leaders are released from responsibility for risks, hazards, and claims incidental to participation. I also 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 life, limb and well being of my dependant.

Signature of Parent/Guardian: _____ Date: _____

Tryout # _____
Team Assignment: _____
Notified: _____
Comments: _____