



Tryout Color: \_\_\_\_\_ No.: \_\_\_\_\_

**TRAVEL PROGRAM TRYOUT  
REGISTRATION FORM  
2008/2009 Season**

Age Group: \_\_\_\_\_

Boys Div. \_\_\_\_ Girls Div. \_\_\_\_

**PLAYER INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

School: \_\_\_\_\_ Grade (Fall 2008): \_\_\_\_ Township: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent's Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email (2): \_\_\_\_\_

Medical Condition(s): \_\_\_\_\_

Special Comment(s): \_\_\_\_\_

**SOCCER EXPERIENCE**

WCUSC Travel Player in 2007/2008: Yes No 2007/2008 Club/Team: \_\_\_\_\_

Years Played:

Recreation: \_\_\_\_ Club(s): \_\_\_\_\_ Years: \_\_\_\_ to \_\_\_\_

Travel: \_\_\_\_ Club(s): \_\_\_\_\_ Years: \_\_\_\_ to \_\_\_\_

ODP/Select: \_\_\_\_ Organization(s): \_\_\_\_\_ Years: \_\_\_\_ to \_\_\_\_

School: \_\_\_\_ School Name(s): \_\_\_\_\_ Years: \_\_\_\_ to \_\_\_\_

Additional Training: \_\_\_\_ Organization(s): \_\_\_\_\_ Years: \_\_\_\_ to \_\_\_\_

Primary Position (Circle One) Forward Midfielder (Center or Outside) Back Goalkeeper

**FIRST TEAM CONSIDERATION**  
My son or daughter would like to be considered for the first team in the age group, as well as the second or third teams. Parent Initials: \_\_\_\_\_ (or) My son or daughter is only interested in only being considered for the second or third team. Parent Initials: \_\_\_\_\_

**RELEASE STATEMENT:** I, the parent/guardian of the registrant, a minor or adult registrant of legal age, agree that I and the registrant will abide by the rules of the WEST CHESTER UNITED SOCCER CLUB (WCUSC), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for WCUSC accepting the registrant for its soccer programs and activities (the Programs) I hereby release, discharge and/or otherwise indemnify WCUSC, its affiliated organizations and sponsors, their employees and associated personnel including the owners of the 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 here authorize.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Tryout Fee Paid: _____		Mailing Address: PO Box 5, Westtown, PA 19395 Office: 610-399-5277 Fax: 610-399-5260 Web Site: <a href="http://www.wcusc.org">www.wcusc.org</a>
Date Received: _____		