



WEST CHESTER UNITED SOCCER CLUB

TRYOUT COLOR: _____ No: _____

TRAVEL PROGRAM TRYOUT REGISTRATION FORM 2010/2011 Season

Age Group: _____
Boys Div. ____ Girls Div. ____

SECTION 1: PLAYER INFORMATION

Name: _____ Date of Birth: ____ / ____ / ____

Address: _____ City: _____ State: ____ Zip: _____

School: _____ Grade (Fall 2010): ____ Township: _____

Parents' Names: _____

Home Phone: _____ Parent's Mobile Phone: _____

Email: _____ Email (2): _____

Medical Condition(s): _____

Special Comment(s): _____

SECTION 2: SOCCER EXPERIENCE

WCUSC Travel Player in 2009/2010: Yes No 2009/2010 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

SECTION 3: RELEASE STATEMENT & SIGNATURES

TEAM CONSIDERATION

My son or daughter would like to be considered for the Predators in the age group, as well as the Eagles or Pride teams. Parent Initials: _____ (or) My son or daughter is only interested in only being considered for the Eagles or Pride 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: _____
Date Received: _____



PO Box 5, Westtown, PA 19395
Office: 610-399-5277 Fax: 610-399-5260
Web Site: www.wcusg.org