# Select Try-Outs

## Registration Form | 2011-12

**First Name:** _____ **Last Name:** _____

**DOB:** _____ **Age as of 07.31.11:** _____

**Most Recent Club Team:** _____ **Grade in Fall 2011:** _____

**Parent's First Name:** _____ **Parent's Last Name:** _____

**Address:** _____

**City:** _____ **State:** _____ **Zip Code:** _____

**Phone:** _____ **Cell Phone:** _____

**Emergency Contact:** _____ **Phone:** _____

**Email 1:** _____ **Email 2:** _____

**PLEASE BRING THIS FORM WITH YOU TO TRY-OUTS WITH A $15.00 TRY-OUT FEE!**

**PRE-REGISTRATIONS WILL NOT BE ACCEPTED**

☐ **I am a returning MVSC Select Player – My previous jersey number was** _____

**If not a returning player, please list recent soccer experience:** _____

**Please circle your preferred playing position:** F MF D GK

**Please Circle a Try-out Team:** U9 U10 U11 U12 U13 U14 U15 U16 U17 U18

**Please Circle Gender:** Boy Girl

**Please read the following and initial each statement, indicating that you understand the commitments required to play in the MVSC Select program:**

_____I am aware that playing involves travel and weekend tournaments.
_____I am aware that MVSC teams require both a fall and spring commitment.
_____I am aware that MVSC teams practice 2-3 times weekly at Kennedy Middle School.
_____I am aware that all parents are required to volunteer their time for club-hosted tournaments. (6 hours/family)
_____I am aware that try-outs will be held on an annual basis for this team.

☐ I will be participating in other sports during the fall.

## Consent for Medical Treatment and Liability Waiver

I, the parent/guardian of the registrant, a minor, agree that I recognize the possibility of physical injury associated with soccer and in consideration of Mockingbird Soccer Club (MSC) accepting the registrant for its Select Tryouts, I hereby release, discharge and /or otherwise indemnify MSC, and its employees and associated personnel, including owners of fields and facilities used for the Select Tryouts, against any claim by or on the behalf of the registrant as a result of the registrant's participation in the Select Tryouts.

As a 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 life, limb, or well-being of my dependent.

Signature of Parents: _____ Date: _____