Vardar Soccer Club
Player Tryout Registration 2009
www.vardarwest.com

Tryout # _____

Age _____ **U-** _____

Boy _____ **Girl** _____

For manager use only

Offers for team placement will be made throughout the selection process.
We recommend that a parent remain at the field during the tryout.

Player's Name_____ Date of Birth (mm/dd/yy)_____

Street Address _____

City _____ State_____ Zip Code _____

Home Phone # _____ Cell Phone # _____

Player's E-Mail_____

Grade in School (fall) _____ School Attending_____

Circle each position you play: Forward Midfielder Defender Goalkeeper

On what team/age group did you play last year? _____ Age _____
Check the league(s) you played in last year. Rec League [ ] MYSL [ ] MSPSP [ ]
MRL - National League [ ] Academy [ ]

How did you hear about the Vardar Tryouts? Flyer [ ] Michigan Soccer [ ]
Word of Mouth [ ] Local News [ ] Website [ ] Other [ ] _____

Parent/Guardian Information

Father's Name _____ Mother's Name_____

Father's Cell Phone # _____ Mother's Cell Phone # _____

Home Phone # _____ Home Phone # _____

E-mail Address _____ E-mail Address _____

I, the parent/guardian of the registrant, understand that participation in this soccer tryout constitutes a risk of serious injury, therefore, I voluntarily and knowingly recognize, accept, and assume this risk and release the Vardar Soccer Club, its affiliates, employees, volunteers, sponsors, and officials, from any liability.

_____

PARENT/GUARDIAN SIGNATURE ***DATE***

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