



2008-2009 YMS TRAVEL TRYOUT FORM

Personal Information:

Player Name: _____
Address: _____
City, State, Zip: _____ Phone (____) _____
Birth Date: _____ E-Mail _____
Parents Names _____
Any Medical History or Comments that the Coach should be aware of:

Soccer Experience: _____
Please circle: trying out for : Boys Team Girls Team
Jersey Color: Blue or White Jersey # _____
Trying out for any particular team or level: (circle) Yes No
If so which team are you interested in trying out for? _____ Age Group U-____
Do you wish to tryout for a premier team (circle) Yes No
Preferred Position (Circle One) Goalkeeper Defender Midfielder forward
Current Club/Team: _____
Other Teams (e.g., League Select, ODP Region Team, etc.) _____
Where did you hear about YMS: Check one Newspaper/which paper _____
Friend/Relative _____ Internet _____ Other _____
Parent/Guardian Signature: _____

YMS Policy:

Players are selected by coaches based on their demonstrated skill, stamina, and competitive spirit. Players will be assigned to a team by means of a player tryout conducted by the club. Absolutely no changes in team placement will be made; no refunds will be made after team placement occurs. A coach's child may be placed on the coach's team. YMS reserves the right to refund registration fees in the event an insufficient number of coaches volunteer and/or insufficient number of players tryout in a particular age group.

Release Statement: I, the parent or guardian of the registrant, a minor, agrees that the registrant and I will abide by the rule of YMS and EPYSA, its affiliated organization and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for YMS and EPYSA accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify YMS, its officers, coaches, managers, referees, and EPYSA and affiliated organizations, including the owners of the fields and facilities utilized for the soccer program. I affirm the registrant is in sound health physical condition and that the child is covered by health insurance secured independently.

Parent or Guardian Signature: _____ Date ____/____/____

Print this form out and bring to the first tryout for your age group with your \$10 tryout fee.

Admin Only: \$10.00 per player fee. Amount enclosed: _____