

Manhattan Soccer Club

Player Tryout Form Spring 2009/2010

Please print this form, fill it out, and bring it to the tryout session.

Pinnie Color/Number

Player Name: _____

Team Trying Out For: _____

Current Club/Team: _____

Player Date of Birth (mm/dd/yy): **Player Sex:** **M** **F**
_____ / _____ / _____

Player Address:

Player Telephone/Email: _____

Sibling in MSC? If yes, please tell us their name and team.
Name: _____ **Team:** _____

New Player Registration Details (new players only)

Mother's Name: _____

Mother's Telephone/Email: _____

Father's Name: _____

Father's Telephone/Email: _____

Parent Volunteer: I am interested in volunteering for the following activities: Asst Coach Fund Raising Club Administration
Referee Team Manager

I hereby give permission for my child to participate in the Manhattan Soccer Club Spring 2008 Tryouts on dates as determined by the Club. I understand that the purpose of this Tryout is to evaluate my child's soccer skills in order to determine which team, if any, he or she will qualify for with the Manhattan Soccer Club for the Fall 2008 and Spring 2009 seasons.

PRINT Parent's Name: _____

Parent's Signature: _____ **Date:** _____

