

# Manhattan Soccer Club

## Player Tryout Form Spring 2008

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

Pinnie Color/Number
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Player Name:

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Team Trying Out For:

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Player Date of Birth (mm/dd/yy):

\_\_\_ / \_\_\_ / \_\_\_

Player Sex: M F

Player Address:

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Player Telephone/Email:

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Sibling in MSC? If yes, please tell us their name and team.

Name:

Team:

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New Player Registration Details (new players only)

Mother's Name:

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Mother's Telephone/Email:

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Father's Name:

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Father's Telephone/Email:

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**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:**

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Parent's Signature:

\_\_\_\_\_ Date: \_\_\_\_\_