



AYSO Plus
Player Tryout Application



Division _____

Name of Player _____ Home Phone _____

Date of Birth _____ Age _____ Email Address _____

Parent 1 _____ Work Phone _____

Parent 2 _____ Work Phone _____

Number of years playing soccer _____ Favorite Position _____

Position Experience (circle where appropriate): Defense Midfield Forward Goal Keeper

Other Fall activities (club soccer, winter baseball, theater, etc): _____

I understand that I cannot play with any other AYSO soccer organization during the Plus season (August to December) and that I am not guaranteed a position on a Region 630 Plus team for the Fall season. If I do not make the Plus team, my name will be retained in our recreational player team draft.

Player signature _____

Liability Release

I, the parent or guardian of the above-mentioned player, a minor, agree that the player and I will abide by the rules of AYSO and specifically AYSO Region 630. Recognizing the possibility of physical injury associated with soccer, I hereby release, discharge and/or otherwise indemnify AYSO Region 630, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for tryouts, against any claim by or on behalf of the player as a result of the player's participation in the tryouts and/or being transported to or from same, which transportation I hereby authorize.

Name of Parent/Legal Guardian (please print) _____

Signature _____ Date _____

Consent for Medical Treatment (Minor)

As the parent/legal guardian of the above-mentioned player, I hereby give 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.

Parent/Legal Guardian _____ Home Phone _____

Address _____ Work/Cell Phone _____

Emergency Contact _____ Phone _____