

PURPLE RAIN TRYOUTS - 2009-2010 SEASON

Player's Name: _____

Home Phone Number: _____ email: _____

Address: Street: _____ City: _____ Zip: _____

Date of Birth: _____ Age as of May 18, 2009: _____

School: _____ Current Grade: _____

Soccer Experience: Name of club/school and dates: _____

Positions played: _____

Parents' Names: Mother: _____ Father: _____

Work Numbers: Mother: _____ Father: _____

Cell Numbers: Mother: _____ Father: _____

Emergency Information: (complete if parent will not be in attendance during try-outs)

Insurance: Carrier: _____ Policy # _____

Doctor's Name: _____ Phone No. _____

Emergency Contact: _____ Phone No. _____

I, the parent/guardian of the above player, a minor, have completed all of the registration information. I do not know of any medical or other reason why this player cannot participate in soccer activities. I authorize my consent for any and all medical and dental care and treatment deemed necessary due to a consequence of participation in the Purple Rain Soccer Club tryout program. Recognizing the possibility of physical injury associated with soccer, I hereby agree to assume the risk and hold harmless, release, and otherwise indemnify Purple Rain Soccer Club, its coaches, and its affiliated organizations and owners for the fields utilized for the programs from any liability for negligence in the performance of said functions. However, this will not apply to any willful or wanton misconduct affecting my child. I agree that the player and I will abide by the rules of Purple Rain Soccer Club.

Print Name: _____

Signature: _____

General information

All players will be notified around May 22nd whether they will be invited to play or not. Estimated financial information is available for review. The budget plan for the upcoming year includes MSSF fees, Koinoinia club fees, participation in at least 3 tournaments in the Fall, USCS fees, Rental fees, Referee and Administrative fee, Winter training fees, and Spring fees. The budget plan is preliminary and subject to change.

Tryout Number _____ staff only