

DATE: \_\_\_\_\_ Tryout Level: U - \_\_\_\_\_ Boys/Girls      Player Number: \_\_\_\_\_

## Albany-Berkeley Soccer Club Division 3 2009-2010 Tryout Registration

Player Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email Address: \_\_\_\_\_

Player's Date of Birth: \_\_\_\_\_

Registrar Use Only
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Verified DOB:
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Most recent club, team and coach: \_\_\_\_\_

Circle the highest level of soccer you have played:

Division (Class) 4

Division (Class) 3

Division (Class) 1

High School

### Medical Consent

I, \_\_\_\_\_, am the parent or legal guardian of the player named above. If the player sustains a serious injury during the tryouts for the Albany Berkeley Soccer Club competitive team and I am absent, I authorize a representative of the Albany Berkeley Soccer Club to transport the player to \_\_\_\_\_ Hospital for treatment. My telephone number during the tryouts is: \_\_\_\_\_.

In the event Albany Berkeley Soccer Club are unable to locate me, please contact (*name*): \_\_\_\_\_ at (*phone number*): \_\_\_\_\_ to obtain permission for treatment.

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

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_