



2010-2011 YMS TRAVEL TRYOUT FORM

Personal Information:

Player Name: _____
Address: _____
City, State, Zip: _____ Phone (_____) _____
Birth Date: _____ E-Mail _____
Parents Names _____
Any Medical History or Comments that the Coach should be aware of:

Soccer Experience: _____
Jersey Color: _____ Jersey # _____
Trying out for a Premier team only? (circle) Yes No
If so which team are you interested in trying out for? _____ Age Group U-____
Does the player want to play Goalkeeper? (circle) Yes No
Current Club/Team: _____
Other Teams (e.g., League Select, ODP Region Team, etc.) _____
Where did you hear about YMS: Check one Newspaper/which paper _____
Friend/Relative _____ Internet _____ Other _____
Parent/Guardian Signature: _____

YMS Policy:

Players are selected by coaches based on their demonstrated skill, stamina, and competitive spirit. Players will be assigned to a team by means of a player tryout conducted by the club. Absolutely no changes in team placement will be made; no refunds will be made after team placement occurs. YMS reserves the right to refund registration fees in the event an insufficient number of coaches volunteer and/or insufficient number of players tryout in a particular age group.

Release Statement: I, the parent(s) or guardian(s) of the registrant, a minor, agrees that the registrant and I (we) will abide by the rules of YMS and EPYSA, its affiliated organization and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for YMS and EPYSA accepting the registrant for its soccer programs and activities, I (we) hereby irrevocably and forever release, discharge and/or otherwise indemnify and agree to defend YMS, its officers, coaches, trainers, managers, referees, and EPYSA and affiliated organizations, including the owners of the fields and facilities utilized for the soccer program (the "Indemnified Parties") from and against any and all claims which I (we) and/or the minor may have for any and all injuries and/or damage to property arising out of (i) the minor's participation in any YMS and/or EPYSA soccer programs and activities, and (ii) the actions or inactions of the Indemnified Parties. I affirm the registrant is in sound health physical condition and that the child is covered by health insurance secured independently.

Parent or Guardian Signature: (if Under 18) _____ Date: ____/____/____
_____/_____

Print this form out and bring to the first tryout for your age group with your \$15 tryout fee. Admin Only: \$15.00 per player fee. Amount enclosed: _____