

FC PEORIA



2007-2008 TRYOUT REGISTRATION FORM

Player's Name: _____ Birthdate: _____

Male or Female (Please circle) School: _____ Grade: _____

Father's Name: _____ Mother's Name: _____

Home Address: _____

City/State/Zip: _____

Home Phone #: _____ E-Mail: _____

Last season I played for: Club Team - _____

Recreational/Parochial

I did not play

My Age Group:
(Check one box)

AGE GROUP	PLAYERS BORN BETWEEN
U7 (01 group)	8/1/00 – 7/31/01
U8 (00 group)	8/1/99 – 7/31/00
U9 (99 Group)	8/1/98 – 7/31/99
U10 (98 Group)	8/1/97 – 7/31/98
U11 (97 Group)	8/1/96 – 7/31/97
U12 (96 Group)	8/1/95 – 7/31/96
U13 (95 Group)	8/1/94 – 7/31/95
U14 (94 Group)	8/1/93 – 7/31/94
U15 (93 Group)	8/1/92 – 7/31/93
U16 (92 Group)	8/1/91 – 7/31/92
U17 (91 Group)	8/1/90 – 7/31/91
U18 (90 Group)	8/1/89 – 7/31/90

I participate in ODP (Olympic Development Program): yes no If yes, what level? _____

Liability Waiver and Medical Release

I understand the nature of the FC Peoria/Sporting Futbol Club-Midwest Sports Complex and its intent to provide supervised tryout sessions. Understanding the nature of the activity, I waive all claims against FC Peoria/Sporting Futbol Club and Midwest Sports Complex, LLC, and their officers, directors, coaches and volunteers for any injury to my child that relates to his or her participation in the FC Peoria tryout process. Further, I authorize FC Peoria/Sporting Futbol Club and its coaches or persons appointed by them to supervise the events, to obtain a physician to administer emergency treatment, and if necessary, transport my child to the nearest medical facility.

Parent's or Guardian's Signature: _____ Date: _____