| Age on J | January | 1 st 2017 | |
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Galveston County Youth Soccer Competitive Tryout Registration Form

Please complete this section if you would like to try out for a Galveston County Youth Soccer Club competitive team. Players should bring a ball, water, and shin guards to each session, and arrive 30 minutes early to check-in and warm up. Players should wear a white or grey shirt. Tryout Dates, Times and Locations are posted at www.gcysoccer.org website.

| Player's Name: | _ | | | | | |
|--|--------------------------------|-------------------|-----------------------|------------------|--|--|
| Player's DOB: | | | | | | |
| Player's Gender: Boy: | Girl: | | | | | |
| Parent's Home Phone #: | | Parent's Cell | Phone #: | | | |
| Player's Address: | | City: | State: | Zip: | | |
| Email: | | | | - | | |
| Player's School & Grade: | | | | _ | | |
| Player's Former Team: | | | | | | |
| Player's Primary Positions: | | | | - | | |
| Tryout Release* By checking "I AGREE" in the box b its staff members will not be held liab In addition, you agree to allow the G judgment in the event of an emergence | le in the ever Salveston Co | ent of an injury | or death during th | e tryout period. | | |
| I Agree Disagree and will not atte | end tryouts. | | | | | |
| Comments: Please leave any comments you | u may want oເ | ır staff to know, | please keep it short. | | | |
| | | Cons | dore | | | |
| Gender: | | | | | | |
| | | Age Gro | oup: | | | |
| | Tryout N | lumher Issu | ied: | | | |