



MICHIGAN GATORS/FC NOVA TRYOUT FORM

NAME: _____ TRYOUT# _____

ADDRESS: _____ CITY: _____

DATE OF BIRTH: ___/___/___ CORRECT 2011/12 AGE GROUP: U-_____

PARENT CONTACT INFORMATION:

MOTHERS NAME: _____ FATHERS NAME: _____

MOTHERS: H: ___-___-___ FATHERS: H: ___-___-___

C: ___-___-___ C: ___-___-___

E-MAIL ADDRESS: _____

SCHOOL ATTENDING: _____ GRADE GOING INTO: _____

PREVIOUS TEAMS:

_____ COACH: _____

_____ COACH: _____

_____ COACH: _____

REASON LEAVING PREVIOUS TEAM: _____

POSITIONS PLAYED: _____ NUMBER OF YEARS PLAYING: _____

DO YOU PLAY ANY OTHER SPORTS OR PARTICIPATE IN ANY ACTIVITIES THAT WOULD INTERFERE WITH PLAYING TRAVEL SOCCER _____

I hereby give permission and certify that my child is in good health and able to participate in all PSG North Activities. I release coaches, staff, and all others associated with the PSG North Activities of all Liability for any injury or illness incurred by my child at the PSG North Tryouts. I further release coaches, staff, and all others associated with the PSG North Activities of any illegal recruitment associated with my tryout.

PARENT/GUARDIAN SIGNATURE AND DATE: _____

WOULD YOU BE INTERESTED IN ANY OF THE FOLLOWING

 EXTRA TRAINING AVAILABLE _____

 PLAYING FOR MORE THEN ONE TEAM _____

 PLAYING UP A YEAR _____

 OUR SUMMER CAMP COACHED BY COLLEGE COACHES _____

 OUR GOALIE TRAINING _____

 OUR COLLEGE PREP COURSE _____

 FUNDRAISING TO ELIMINATE COSTS _____