

*** All players trying out must have a completed form signed by a parent or guardian ***



Storm F.C. use only

Division: _____

Tryout number: _____

2017-18 Storm F.C. Tryout Registration

Player's First Name: _____ Gender: Male Female

Player's Last Name: _____ Birth Date: ____/____/____

Preferred Level of Commitment:

SELECT - Train 2-3 days per week, breaks in off-season, play in 0-2 local tournaments, minimal cost, minimal travel, program works with most multi-sport athletes

PREMIER - Train 3+ days per week all year, regular travel (including overnight stays), 4+ tournaments, increased cost, "Soccer comes first" with multi-sport athletes, collegiate prep

Player's Preferred Position(s) in order (Goal Keeper, Midfielder, Forward, Striker, Defensive Specialist, etc):

See Stormfc.org for scholarship/financial aid options and coordinate with your coach/manager

Address: _____ City, State, and Zip: _____

Parent Name(s): _____

Email Address: _____ Cell Phone: _____

Comments:

MEDICAL CONSENT AND RELEASE OF LIABILITY

I, the undersigned parent/guardian of _____, a minor, do hereby authorize the Storm F.C. or Inland Empire Youth Soccer Association as agents for the undersigned to consent to medical, surgical or dental examination or treatments. In addition, I hereby release and discharge the Inland Empire Youth Soccer Association (IEYSA) and the Storm F.C., its officers, board, agents, employees and volunteers for any injury, loss or liability, which results or is alleged to have resulted from participation in the Storm F.C. tryouts. I have read the above and fully understand the Medical Consent and Release of Liability.

Parent/Guardian Signature

Date

Emergency Contact Name (other than parent/guardian)

Phone