



**CISCO Soccer Club  
2010 -2011 Tryout and Evaluation Form**

CISCO Soccer Club proudly invites you to join our Coaching Staff for the 20010-2011 evaluations and team tryouts. No fee is charged for evaluations or tryouts. Professional trainers will be evaluating players based on age, technical skills, tactical play and overall athletic ability.

**Please bring a ball, shin guards & water to each session.**

**Please bring this form to the field on the day of the first evaluation and tryout or submit by e-mail.**

Player's Name		
Address		
City	State	Zip
Home Phone		Cell Phone
Date of Birth:		
E-Mail Address:		
Positions Played G D M F	Yrs Experience	Dominant Foot
Soccer Goals/Ambitions		
Any Known Health Problems		
Any Known Allergies		
Parent or Legal Guardian's Name		
Home Phone	Cell Phone	Work Phone

**Please read this form carefully** and be aware in registering your minor child/ward for participation in club event(s), such as, but not limited to clinics, tryouts, practices, games and tournaments you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the event(s). I recognize and acknowledge that there are certain risks of physical injury to participants in the event(s) and I agree to assume the full risk of any injuries, including death, damages or loss, regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such event(s). I agree to waive and relinquish all claims I or my minor child/ward may have against the CISCO Soccer Club and its officers, directors, agents, servants, volunteers and employees as a result of participating in the event(s). I do hereby fully release, discharge and/or otherwise indemnify CISCO Soccer Club and its officers, directors, agents, servants, volunteers and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the event(s). I further agree to indemnify and hold harmless and defend CISCO Soccer Club and its officers, directors, agents, servants, volunteers and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the event(s). I hereby give consent to CISCO Soccer Club to take photographs of the named player and grant permission to use the negatives, prints, or any other reproduction of the same for Cisco Soccer Club educations and promotional purpose in manuals, on flyers, on the World Wide Web or in other publications.

Parent/Guardian Signature	Date
---------------------------	------

**To sign this form electronically, please type in your name and date it. Please type below your Arizona Driver's license number in the adjacent box. This is only used to document your signature.**

--

For more information or to ask specific questions please contact Roberto Beall at [Directorofcoaching@ciscosoccer.com](mailto:Directorofcoaching@ciscosoccer.com) or Steve Kemp, Registrar at [Registrar@ciscosoccer.com](mailto:Registrar@ciscosoccer.com)

Try-Out No. \_\_\_\_\_