

Player Evaluation



Player Name: _____

Parents Name: _____

_____/_____
Email Address Phone Number

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

CISCO SOCCER CLUB proudly invites you to join our Coaching Staff for the 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.

Pro Staff Completing Evaluation: _____

Strengths:

1. _____
2. _____
3. _____

Areas to Improve:

1. _____
2. _____
3. _____

Training Recommendations:

By signing below, my child and I hereby acknowledge and fully understand that playing youth sports is dangerous where serious injuries are common even if all available safety equipment is used properly. Serious injury can include bruises, broken bones, torn ligaments, cuts, spinal injury, head injuries, brain damage and death. Parents/Legal Guardians assume the risk of harm from the inherent dangers of the sport itself, from failure to consult with proper healthcare or medical providers regarding the proper size, fit, and application of the equipment available, and/or failure to purchase and/or to properly use any available equipment. I understand the "No Refund" policy regarding participation with CISCO Soccer Club or National Youth Sports.

Parents Signature: _____ Date: _____