

GLASSBORO ELITE SOCCER SUPER Y-LEAGUE 2012
 Tryout Registration Form
 (PLEASE PRINT NEATLY)

TRYOUT AGE: U12, U13, U14, U15, U16, U17 "CIRCLE ONE" MALE____ FEMALE____
 NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE _____
 PHONE: () _____ DATE OF BIRTH: _____
 E-MAIL ADDRESS: _____
 SCHOOL ATTENDING: _____

ARE PLAYING ON CLUB TEAM IN THE FALL OF 2011? YES or NO
 (CIRCLE ONE)

IF ANSWER IS YES, WHAT TEAM WILL YOU BE PLAYING FOR? _____

ARE YOU ALREADY CARDED TO THIS TEAM? YES or NO (CIRCLE ONE)

DESIRED POSITION TO BE EVALUATED AT: (List from 1-4 in order of preference)

FORWARD ____ MIDFIELD ____ FULLBACK ____ GOALIE ____

RELEASE FOR TRYOUTS:

Recognizing the possibility of physical injury associated with soccer and in consideration for Glassboro Elite Soccer accepting the registrant for it's Elite Team tryouts, I hereby release, discharge and or otherwise indemnify GES and its associated personnel, including the owners of fields and facilities utilized by the program, against any claim by or on behalf of the registrants participation in the program.

PARENTS SIGNATURE: _____ DATE: _____

PLAYERS SIGNATURE: _____ DATE: _____

Important Bring This Form and
A Copy of Birth Certificate To Tryouts