

**GLASSBORO ELITE SOCCER 2012**  
**Tryout Registration Form**  
**(PLEASE PRINT NEATLY)**

TRYOUT AGE: U9, U10, U11, U12, U13 U14, U15, U16 "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 2012? 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**