



Rock Run Soccer Club



P.O. Box 8383
Rockford, IL 61126

2010-2011 Season Tryout Application

TRYOUT #

Player Information

Player's Name: _____ Sex: M F

Parent's Name: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Email: _____

Player's Birthdate _____ Current Age: _____ Grade in fall _____

Soccer experience: _____ How many years: _____

Current Club: _____ Positions played: _____

Do you participate in sports or activities that may conflict with soccer practices/ games?

Yes No

- _____ U9
- _____ U10
- _____ U11
- _____ U12
- _____ U13
- _____ U14
- _____ U15
- _____ U16
- _____ U17
- _____ U18
- _____ U19

Club use only

Parent/Guardian Consent

I, THE PARENT OR LEGAL GUARDIAN OF THE CHILD NAMED ABOVE, WHO IS A CANDIDATE FOR THE ROCK RUN SOCCER PROGRAM, HEREBY GIVE MY APPROVAL FOR MY CHILD TO PARTICIPATE IN THE ROCK RUN SOCCER CLUB TRYOUTS. I AGREE TO RELEASE AND DISCHARGE ROCK RUN SOCCER CLUB, ITS AGENTS AND DIRECTORS, AND FURTHER WAIVE THE RIGHT TO INITIATE A COURSE OF ACTION FOR ANY AND ALL LIABILITY, BY REASON OF INJURY TO NAMED PLAYER, WHILE PARTICIPATING IN THE TRYOUT. WE HEREBY AUTHORIZE THE ROCK RUN SOCCER CLUB TO USE OUR CHILD'S IMAGES, PICTURES AND/OR REPRODUCTIONS OF OUR CHLD WHILE ENGAGED IN ROCK RUN SOCCER CLUB GAMES OR RELATED ACITVITIES IN THE CLUB'S PROMOTIONAL MATERIAL AND/OR ON THE ROCK RUN SOCCER CLUB'S WEBSITE (WWW.ROCKRUN.ORG).

Parent/Guardian Signature

Date