



Woodbridge Soccer Club

Tryout Registration Form

Player's Name : _____

Birthdate : _____

MM / DD / YYYY

Address : _____

Address : _____

Home Phone : _____

City / Prov. : _____

Postal Code : _____

Mother's Name : _____

Home Phone : _____

Cell Phone : _____

Email Address : _____

Father's Name : _____

Home Phone : _____

Cell Phone : _____

Email Address : _____

Year's Of
Soccer Experience : _____

Last League Registered : _____

Positions Played : _____

Last Team Played With : _____

Positions Preferred : _____

Other Sports or Activities enrolled in that may
interfere with weekly practices and games : _____

Medical Release

I hereby give permission for my dependent, named participating player above, to participate in tryouts with the Woodbridge Soccer Club. I acknowledge that soccer is an inherently dangerous sport and that my dependent will participate at her/his own risk.

I release the Woodbridge Soccer Club and its parent coaches from all liability in the event of an accidental injury to my dependent during the tryouts. I understand that Woodbridge Soccer Club does not carry medical insurance for tryouts and that I am responsible for my dependent's own insurance coverage and medical expenses. I hereby give permission for my dependent to receive emergency medical treatment by a paramedic, physician, dentist, or other qualified medical personnel under whatever conditions are required to preserve life, limb or well being of my dependent.

Medical Conditions, Allergies or Medications required

Name of Doctor / Physician : _____

Phone : _____

Signature of Parent
or Legal Guardian : _____

Date : _____

MM / DD / YYYY