Franklin Pierce Soccer Club
Select Tryout Registration Form

*Name*_____ *Age*_____ *Gender*____ *Birthday*_____

*Address*_____

*City*_____ *Zip*_____ *Phone*_____

*Email Address*_____

*Last Outdoor Team*_____ *Club*_____

Level of play last season (Circle One) ***Recreational*** ***District*** ***Premier***

Position you feel you are the best at (Circle One) ***Defense*** ***Midfield*** ***Offense*** ***Goalie***

*Is there a position you do not want to play?*_____

Are there other commitments that will availability to practice and play at a District level? If so, please explain. Continue on back if necessary.

If selected, would you or your family be willing to:

Participate in Team or Club fundraisers	**YES / NO**
Volunteer work with MOD or Recreational teams in the club	**YES / NO**
Traveling up to 50 miles for League or Tournament play	**YES / NO**
Participation in State Cup play between January and March	**YES / NO**
Parental assistance with team duties	**YES / NO**
If your child does not make the Fury team 1 or team 2 if applicable will they remain at the FPSC to play recreational soccer'	**YES / NO / UNSURE**

I, the Parent/Guardian of the Registrant, a minor, recognize the possibility of physical injury associated with soccer and in consideration of the Franklin Pierce Soccer Club conducting these Select Tryouts, I hereby release, discharge, and/or other indemnify the Franklin Pierce Soccer Club, it's volunteers, including the owners of the fields and facilities utilized for the tryouts against any claim by or on behalf of the registrant as a result of the registrant's participation in the tryout.

Signature_____Date_____

Printed Name_____Date_____

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For FPSC Use Only **PLAYER EVALUATION #**_____

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