



NEVADA ELITE FC



Girls' Soccer Club Tryout Form 2009-2010

Player's Name: _____ Age: _____ Date of Birth: _____

Grade in School in 2009-10: _____ School attending in 2009-10: _____

Home Address, City, State, Zip: _____

Primary Contact Information ****NOTE: Information will be used to contact players selected for teams at tryouts****

Telephone Number: _____ E-Mail Address: _____@_____.

Mother's Name: _____ Father's Name: _____

Cell Phone: _____ Cell Phone: _____

Emergency Contact Name _____ Phone: _____

What positions has Player played (circle all that apply)? **Forward Midfield Defender Goalkeeper**

Last team: _____ League: _____ City/State: _____

Are you presently attending tryouts for other teams/clubs? **Yes** **No**

If Nevada Elite offers you a spot on a team, will you (check appropriate box): accept and play for Nevada Elite?
 wait to hear from another team/club?

Nevada Elite teams travel to tournaments at least once per season, and play in approximately two local weekend tournaments as well, which includes Sunday games. If selected, will you commit to playing in/traveling to such tournaments if your team participates in a tournament? **Yes** **No**

******* Permission to Participate/Waiver *******

I give my child permission to participate in tryouts with **Nevada Elite FC**. I assume all risk and hazards incidental to tryout participation, and hereby waive, release, absolve, indemnify and agree to hold harmless GBYSL, NYSA, USYSA, and **Nevada Elite FC** coaches and team officials, as well as Washoe County/City of Reno/City of Sparks (field owner), from and against any claim by or on behalf of my child as a result of her participation in tryouts. In the event that my child is injured during tryouts, I give my permission to **Nevada Elite FC** coaches and officials to obtain necessary emergency medical care to preserve life, limb or well being of my child, and agree to be responsible for all costs and expenses associated with such medical care. The emergency contact listed above will be contacted in such event.

I have read the Permission to Participate/Waiver, and fully understand its contents. I represent that my child DID NOT play on a competitive team registered in GBYSL in the Fall 2009; if she did, then I must present a player release form signed by her prior coach before she may participate in tryouts. I also represent that the information provided above is true and correct to the best of my knowledge. I understand that participating in tryouts DOES NOT register my child to play for or bind her to play for **Nevada Elite FC**, and that I will be notified by the team coach or other **Nevada Elite FC** official by e-mail, phone, or mail if my child is offered a roster spot no later than November 11, 2009 (for U10-14 players), and November 17, 2009 (for U15-17 players). All tryout results will be posted on the **Nevada Elite FC** website (www.nevadaelitefc.com) no later than November 18, 2009.

Parent/Guardian Signature _____ Date _____



Nevada Elite FC
(775) 544-7163
www.nevadaelitefc.com

