

Tryout Form

Fall 2021 Spring 2022 Season



Last Name _____

First Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Birthday _____ Male Female

Age Level: U5/6 U7 U8 U9 U10 (*Meet and Greet*)

(*circle one*)

U11 U12 U13 U14 U15 U16 U17 U18 (*Formal Tryout*)

Birth Year	2017/ 2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006 2005	2004 2003
Age Group	U5/6	U7	U8	U9	U10	U11	U12	U13	U14	U15	U16/17	U18/19

PARENT/GUARDIAN INFORMATION

Father's Name _____ **E-Mail** _____

Address if different than player _____

Home Phone _____ Cell _____

Communication is via EMAIL

Mother's Name _____ E-Mail _____

Address if different than player _____

Home Phone _____ Cell _____

PARENT/GUARDIAN SIGNATURE

I hereby give approval for the participation of my child in any and all ACE Soccer Club and affiliated associations or league activities and I assume all risk and hazards to such participation to and from activities, waive, release, absolve, indemnify and agree to hold harmless.

Parent Signature _____ Date _____

DESIRE – DEDICATION – DISCIPLINE – DIVERSITY

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