

Tryout Form

Fall 2024 Spring 2025 Season



Last Name _____

First Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Birthday _____ Male ☐ Female ☐

Age Level: U6 U7 U8 U9 U10 (Academy)

(circle one)

U11 U12 U13 U14 U15 U16 U17 U18

Birth Year	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007
Age Group	U6	U7	U8	U9	U10	U11	U12	U13	U14	U15	U16	U17	U18

PARENT/GUARDIAN INFORMATION

Father's Name _____ E-Mail _____

Address if different than player _____

Home Phone _____ Cell _____

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

www.acesoccerclub.org