

# Cherry Hill FC Tryout Form (Summer 2010)

## General Information

Player Name	
Parents Names	
Address, City, ST, ZIP Code	
Child's Birth Date	
Home Phone	
E-Mail Address	
Home Phone	
Work Phone	
Cell Phone	

## Current Team Information

Club and Team Name	
Age Group	
Current League	
Level of Play	
Preferred Position	

## Uniform Information

Jersey Size (YS-AXL)*	
Short Size (YS-AXL)	
T-Shirt Size (AS-AXL)	
Preferred Number Choices	
*It is anticipated that the uniforms will be Adidas brand	

## Emergency Contact

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

## Agreement and Signature

By submitting this application, I certify that my child is in good health and may participate in strenuous physical activities, including soccer. I recognize that soccer is a contact sport and injuries are possible. I agree to hold Cherry Hill FC, any of its subsidiary organizations, its officers, agents, coaches, employees, contractors and volunteers harmless from any and all claims of injuries sustained by my child during his or her participation in soccer association programs. I agree to execute an appropriate medical release. I understand that player placement on teams is at the discretion of Cherry Hill FC. I have verified that all information on this form is correct and accurate, and that I have read and understood the preceding statements. Refunds are discretionary and a processing fee will be assessed to all refunds. Refunds for medical reasons will only be considered with a doctor's note and will depend when in the season such injury occurred.

Name (printed)	
Signature	
Date	