

# LISC TRYOUT FORM 2006

TeamAge: \_\_\_\_\_

Tryout Number  
Player

Name: \_\_\_\_\_

M/F Age: \_\_\_\_\_ Date of Birth: m/d/y \_\_\_\_\_

## MUST FILL IN EVERYTHING IN ORDER FOR LISC TO CONTACT YOU

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Phones: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Parents Name(s): \_\_\_\_\_

Physician: \_\_\_\_\_ Work: \_\_\_\_\_

Medical/Hospital Insurance Company: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

List any of the Player's medical conditions: \_\_\_\_\_

Emergency contact name and phone: \_\_\_\_\_

I release LISC from all claims and liability of any kind of personal injury to my child due to participation in tryouts. I understand that injuries occasionally occur during athletic activities such as soccer. I certify that my child is in good health and is able to participate in soccer. If any attention is required for illness or injury, I give my permission to a staff member for such care. I give consent for my child to be photographed or videotaped while attending tryouts for these to be used by LISC for promotional purposes.

Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***I heard about tryouts from: Newspaper, Flyer, Friend, Current member (please circle)***

### ***Position of Interest***

- Back
- Forward
- Midfield
- Keeper

Indicate 1<sup>st</sup> & 2<sup>nd</sup>  
choice

