



# PASS FC TRYOUT REGISTRATION

[www.pass-fc.com](http://www.pass-fc.com)

TRYOUT NUMBER:

Offers for team placement will be made throughout the selection process.  
We recommend that a parent remain at the field during the tryout.

Please circle the appropriate age group and gender:

U8 U9 U10 U11 U12 U13 U14 U15 U16 U17 U18      Girls      Boys

<b>PLAYER INFORMATION</b>	Date of Birth:		Grade in School (fall):	
	Player's Name:		School Attending:	
	Player's Home Phone:			
	Player's E-mail Address:			
	Street Address:			
	City:		State:	Zip Code:

Name of the most recent outdoor team you played with:				
Circle each position you play:	Forward	Midfielder	Defender	Goalkeeper

<b>PARENT INFORMATION</b>	Father's Name:		Mother's Name:	
	Father's CELL Phone:		Mother's CELL Phone:	
	Father's E-mail:		Mother's E-mail:	

<b>COMMENTS:</b>

## Liability Waiver and Statement of Understanding

I, the Parent/Guardian of the registrant, agree that the registrant and I recognize that we will abide by the rules of the PASS FC, The United States Soccer Federation (USSF) and its affiliated organizations and sponsors. I will not hold any board members, officers, employees, sponsors, coaches or team coordinators responsible for any injury in connection with the PASS FC program.

Parent/Guardians Signature \_\_\_\_\_ Date \_\_\_\_\_