

Player's Tryout Number _____

**CHESAPEAKE SOCCER CLUB
2001-2002 TRYOUT FORM**

Player's Name: _____ Birth Date: _____
Telephone: _____ E-mail: _____
Address: _____

Parents or Guardians: _____

U-____ Boys or Girls Player's current age _____

I hereby release the Chesapeake Soccer Club, officers, coaches, and any other officials of the program from any responsibility for injury to my child suffered during tryouts. In the event of such an injury, I hereby give permission for my child to receive appropriate medical treatment.

Parent/Guardian Signature _____ Date: _____

PARENT OBLIGATIONS IF CHILD IS SELECTED TO PLAY ON AN ADVANCED TEAM

- Have fun! Enjoy the spirit of the game of soccer.
- Support the advancement of soccer skills for your child by assuring their attendance at all matches and practices.
- Provide timely transportation to all matches and practices.
- Fulfill Team Manager and Team Representative positions.
- Provide coach support. Do not coach from the sidelines.
- Set a good sportsmanship example to players by not engaging officials during matches.
- Remain off the field of play during practices and matches unless invited by coach or official.
- Provide a minimum of 5 hours of volunteer work on behalf of the club per season.
- Submit a notarized medical release form and a copy of the child's birth certificate.

Parent Signature _____ Date: _____

Tryout Fee - \$2.00

Club Fees - \$65.00 per season

Uniforms - \$59.00

Checks are made payable to the Team Representative or Team Manager

- Fall Season Due June 12, 2001
- Uniform Order with Payment is Due on June 12, 2001
- Spring Season Due Feb. 15, 2002