

# Penn Fusion Soccer Academy

P.O.Box 86  
Westtown, PA 19395  
610-399-5277

Tryout Color: \_\_\_\_\_ No.: \_\_\_\_\_

## 2010-2011 PENN FUSION TRYOUT REGISTRATION FORM

Age Group:

Boys

Girls

### PLAYER INFORMATION

Name: \_\_\_\_\_ Date of Birth:     /     /

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade (Fall of 2010): \_\_\_\_\_

Township: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent's Cell Phone: \_\_\_\_\_ Email (2): \_\_\_\_\_

Medical Condition(s): \_\_\_\_\_

Special Comment(s): \_\_\_\_\_

### SOCCER EXPERIENCE

Travel Player in 2009-2010:    Yes    No   2009-2010 Club/Team: \_\_\_\_\_

Years Played in Recreation:                      Club(s):                      Years:                      to

Travel:                      Club(s):                      Years:                      to

ODP/Select:                      Organization(s):                      Years:                      to

School:                      School Name:                      Years:                      to

Add'tl Training:                      Organization(s):                      Years:                      to

Primary Position: (check one)    Forward    Midfielder    Defender    Goalkeeper

### Tryout Fee: \$10 (Cash Only)

Each player will receive a t-shirt with number at the tryout registration.

RELEASE STATEMENT: I, the parent/guardian of the registrant, a minor or adult registrant of legal age, agree that I and the registrant will abide by the rules of the PENN FUSION SOCCER ACADEMY (PFSA), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for PFSA accepting the registrant for its soccer programs and activities (the Programs) I hereby release, discharge and/or otherwise indemnify PFSA, its affiliated organizations and sponsors, their employees and associated personnel including the owners of the fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs, and/or being transported to or from the same, which transportation I here authorize.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Tryout Fee Paid:    Yes    No                      Date Received:     /     /